



# **STATE OF HAWAII**

## **ACCOMMODATIONS FOR EMPLOYEES WITH DISABILITIES MANUAL**

[Print Version of Manual](#)

### **DISABILITY AND COMMUNICATION ACCESS BOARD**

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### **STATE OF HAWAII ACCOMMODATIONS FOR EMPLOYEES WITH DISABILITIES MANUAL**

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## **1.0 Introduction**

In 1991, A Task Force on Reasonable Accommodation developed a State policy for the provision of reasonable accommodations for applicants and employees with disabilities in State government positions. This policy was articulated in a Governor's Executive Memorandum 92-02.

The Task Force developed this Manual as a reference guide for Departmental program managers responsible for staff hiring. Included are the background information on the rationale for providing accommodations, specific procedures for obtaining some

accommodations, as well as technical assistance resources to assist in providing accommodations for an applicant or employee with a disability.

The original August 1992 edition of the Manual was prepared by the Task Force on Reasonable Accommodation consisting of representatives of the Department of Accounting and General Services (lead agency), Department of Budget and Finance, Department of Human Resources Development, Department of Health, Department of Human Services, Department of Labor and Industrial Relations, Disability and Communication Access Board, Hawai'i Civil Rights Commission, and Office of Affirmative Action.

The Disability and Communication Access Board revised the original Manual in December 1996, June 2004 and March 2012. This Manual is primarily for State of Hawai'i employers (managers). However, it may also be useful for private employers as a reference, although forms and procedures are specific to State government employment. This Manual does not focus on determining whether or not an individual meets the Americans with Disabilities Act (ADA) definition of disability (see Section 2.4 for general definitions). Rather it focuses on the requirements and process of providing reasonable accommodation once a person is determined to have a disability. The general content and procedures remain unchanged, although resources have been updated and references to the ADA Amendments Act of 2008 (ADAAA) have been noted.

This Manual is intended as a reference guide to provide technical assistance. It does not substitute for legal advice. Please contact the Departmental Human Resources Office or the Department of the Attorney General, as appropriate, for legal advice.

For additional technical assistance, contact the Departmental ADA Coordinator or the Disability and Communication Access Board (DCAB).

This Manual is also available at  
<http://hawaii.gov/health/adacoordination/sohramanual/index.htm>.

<p><b>Note:</b> References in Governor's Directive 92-02 to Commission on Persons with Disabilities are now Disability and Communication Access Board.</p>
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**EXECUTIVE CHAMBERS**

HONOLULU

BENJAMIN J. CAYETANO  
GOVERNOR

January 5, 1998

**ADMINISTRATIVE DIRECTIVE 98-01**

TO: All Department and Agency Heads

SUBJECT: Reasonable Accommodations for Persons with Disabilities

This directive supersedes Executive Memorandum 92-02.

The State of Hawaii is committed to provide equal opportunity in State employment to qualified individuals with disabilities. Our commitment to equal opportunity includes a legal duty to provide reasonable accommodation to facilitate the employment of qualified individuals with disabilities.

Reasonable accommodation represents a logical adjustment made to the application process, in the work environment to enable the person to perform the essential functions of the job, or in benefits of employment.

Reasonable accommodation includes, but is not limited to, making existing facilities readily accessible to and useable by individuals with disabilities, job restructuring, part-time or modified work schedules, reassignment to vacant positions, acquisition or modification of equipment or devices, appropriate adjustment or modifications of examinations, training materials or policies, the provision of qualified readers or interpreters, and other similar accommodations.

As a major employer, State departments and agencies shall follow procedures established through the most current version of the "Reasonable Accommodation for Employees Manual" to provide equal employment opportunity to employees and job applicants with disabilities through providing reasonable accommodations.

The State Commission on Persons with Disabilities shall be responsible for the preparation of the manual. The Commission and the Department of Human Resources Development shall provide technical advice on providing reasonable accommodations to qualified persons and employees with disabilities, as outlined in the Manual.

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Administrative Directive 98-01  
January 5, 1998  
Page 2

Each Department or agency head, as an appointing authority, shall provide equal employment opportunities, make reasonable accommodations, use departmental resources, use alternative ways of meeting personnel needs, and develop or modify programs to meet these goals. When the person with a disability acting as an applicant or employee engages in a program, service, or activity of the State of Hawaii, the department or agency sponsoring the activity shall have primary responsibility for providing and paying for the accommodation.



BENJAMIN J. CAYETANO

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## **2.0 Employment of People with Disabilities by the State of Hawai'i**

### **2.1 Introduction and purpose of the Manual**

The purpose of this Manual is to provide guidance on how to reasonably accommodate State employees and applicants for State positions. This Manual establishes a uniform approach to providing reasonable accommodation consistent with federal and state laws.

State departments have a responsibility to provide reasonable accommodation ensure equal opportunity in the hiring, training, advancement, and treatment of persons with disabilities. The State shall strive to have persons with disabilities represented in every major organizational element, occupational category and grade level.

The State of Hawai'i shall promote goals and objectives to assure that considerations of issues concerning persons with disabilities are integrated into all aspects of personnel management.

### **2.2 The population of people with disabilities**

The Census Report, Americans with Disabilities: 2001/2002 cites 54,000,000 Americans as having a disability or twenty percent (20%) of the general population. In Hawai'i approximately 20% of the population, or an estimated 274,962 people, have disabilities. According to the Census Bureau, 60% of people with disabilities are of working age (15 to 64 years old), equaling to 164,977 persons with disabilities of working age in Hawai'i. This Manual is directed at the potential employment of any of those estimated 164,977 persons with disabilities in the State of Hawai'i.

A 1994 Harris Poll provided additional data related to persons with disabilities in the workforce. This was the first major national survey related to the attitudes and experiences from people with disabilities themselves about their self-perceptions, how their lives have changed over time, about their employment, as well as their educational and social life. The survey was based on 1,021 phone interviews with a national sample of non-institutionalized persons with disabilities aged 15 and older. Key findings related to employment of persons with disabilities included:

- Two-thirds of all Americans with disabilities between the ages of 15 and 64 are not working (similar to the 1986 Harris Poll);
- Seventy nine percent of working-age persons with disabilities who are not working say that they would like to work (an increase from 66% in the 1986 Harris Poll);
- Nearly half of those who work feel that their work does not enable them to use their "full talents or abilities;"

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- Eight in ten working age adults with disabilities who are unemployed, but looking for work believe that they would have the kind of job they would like to have, if they didn't have a disability or a health problem;
- The most important reasons why working age adults with disabilities are not working included health problems limiting what they could do, medical treatment for disability, not being recognized as being capable of doing a full-time job;
- Fifty seven percent of adults with disabilities between the ages of 15 and 64 who are not currently working reported they would lose benefits (i.e., income, health care) currently received from private insurance or the government, if they worked full-time;
- Almost 87% of employed adults with disabilities work outside their homes, while 12% work at home; and



- If an appropriate position were available, 70% of adults with disabilities who indicated that they would be willing and able to work were most interested in a technical job, working with their minds.

From these responses, it is clear that working age adults with disabilities continue to be a group representing a viable and nearly untapped labor pool for employment by the State of Hawai'i.

## **2.3 What are the legal requirements?**

NOTE: THIS SECTION IS FOR REFERENCE PURPOSES ONLY. CONSULT YOUR DEPARTMENTAL HUMAN RESOURCES OFFICE OR THE DEPARTMENT OF THE ATTORNEY GENERAL FOR LEGAL ADVICE.

The State of Hawai'i, as an employer, is covered in its entirety by the employment provisions of the federal Americans with Disabilities Act (ADA) of 1990 and the subsequent Americans with Disabilities Act Amendments Act (ADAAA) of 2008. In addition, Section 504 of the Rehabilitation Act of 1973, as amended, covers those programs that receive federal financial assistance. Both laws prohibit discrimination against individuals with disabilities.

Both the Rehabilitation Act of 1973 and the ADA require that employers make reasonable accommodation to the known physical or mental limitations of an applicant or employee with a disability, unless the employer can demonstrate that the accommodation would impose an undue hardship on the agency's operation.

The State of Hawai'i is an employer subject to the requirements of Chapter 378. State law (Hawai'i Revised Statutes, Chapter 378, Part 1) also provides equal employment opportunities for persons with disabilities. The obligation to provide reasonable accommodation also exists under state law. Thus, a cause of action by an employee may be filed under either state or federal law for alleged failure to provide reasonable accommodation.

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The obligation to provide reasonable accommodation applies to all employment decisions and to the job application process. The obligation to provide reasonable accommodation applies to all activities and benefits provided in connection with employment and to all facilities provided or maintained by an employer for use by its employees. Accordingly, the obligation to accommodate is applicable to employer sponsored programs such as, placement or counseling services, and to employer provided facilities such as, cafeterias, lounges, gymnasias, auditorias, and transportation sites.

The obligation to provide reasonable accommodation does not extend to the provision of items that are primarily for the personal benefit of the individual with a disability (e.g., prosthetic limb, prescription glasses) or for an activity that is not job-related.

## **2.4 Who does the law protect?**

The ADAAA amended and clarified the definition of a person with a disability, by broadening its scope and offering more clarification as to coverage.

- "Person with a disability" means an individual who has a physical or mental impairment which substantially limits one or more of the person's major life activities, has a record of such an impairment, or is regarded as having such an impairment.
- "Physical or mental impairment" means (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more body systems, such as neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, immune, circulatory, lymphatic, skin, and endocrine; or (2) any mental or psychological disorder, such as an intellectual disability (formerly mental retardation), organic brain syndrome, emotional or mental illness, and specific learning disabilities.
- "Major life activities" means those activities performed by an average person with little or no difficulty. They include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.
- "Substantially limits" is determined by considering the extent, duration and impact of the impairment on a major life activity. The impairment must substantially limit a major life activity to be considered a disability. Temporary, non-chronic impairments which do not last a long time and have little or no long-term impact on a person's major life activities, are usually not considered a disability.

With one exception ("ordinary eyeglasses or contact lenses"), the determination of whether an impairment substantially limits a major life activity shall be made without regard to the ameliorative effects of mitigating measures such as medication or hearing aids.

Chapter 2, page 3

The ADAAA clarified that an impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.

Chapter 2, page 4

### **3.0 Reasonable Accommodation for People with Disabilities**

It is the policy of the State of Hawai'i to provide reasonable accommodation to the known disability of persons with disabilities who are otherwise qualified for the State government positions for which they are applying or in which they are currently employed. This policy is based on federal legislation, including the Americans with Disabilities Act (ADA) and Sections 503 and 504 of the Rehabilitation Act of 1973, as amended, and state law, Hawai'i Revised Statutes, Chapter 378, Part 1. The Governor's Executive Memorandum 98-01, contained in Section 1 of this Manual, reaffirms the policies.

This policy applies to all employment practices and actions. It includes, but is not limited to, recruitment, examination and testing, hiring, training, disciplinary action, rate of pay or other compensation, advancement, reclassification, relocation, reallocation, promotion, demotion and benefits.

The provision of reasonable accommodation allows the State of Hawai'i, as an employer, to:

- Overcome potentially exclusionary employment practices, policies, and consequences;
- Provide equal opportunities for participation in education and training programs;
- Enhance the upward mobility of qualified employees with disabilities; and
- obtain and retain the services of an otherwise underutilized labor pool.

Reasonable accommodation requires that the employer take steps to eliminate existing physical, procedural, and attitudinal barriers to permit a qualified person with a disability to work.

#### **3.1 What is a reasonable accommodation?**

Reasonable accommodation is a modification or adjustment to a job, the work environment, or the way things are usually done, to enable a qualified individual with a disability to enjoy equal benefits and privileges of employment as are available to a similarly situated employee without a disability.

Reasonable accommodation may occur in three phases of employment:

- *In the application process.* Reasonable modification must be provided in the job application process to provide a qualified applicant with a disability with an equal opportunity to be considered for the position.

- *In the performance of the essential functions of a job.* Reasonable accommodation must be provided to enable a qualified person with a disability to perform the essential functions of the job being sought or of a job currently held. This may include modifications or adjustments to the work environment, to the manner or circumstances which the position held or desired is customarily performed, or to employment policies.

Chapter 3, page 1

- *In the receipt of all benefits of employment.* Reasonable accommodations must be provided to enable an employee with a disability to enjoy benefits and privileges of employment equal to those enjoyed by other similarly situated employees without disabilities. This would include equal access to lunchrooms, meeting rooms, employer-sponsored services, social events, etc.

The reasonable accommodation requirement is best understood as a means by which barriers for an individual with a disability are removed or alleviated. These barriers may be physical or structural obstacles that inhibit or prevent the access of an individual with a disability to job sites, facilities, or equipment. They may also be policies such as work schedules that permit no flexibility as to when work is performed or when breaks may be taken, or job procedures that unduly limit the modes of communication that are used on the job, or the way in which particular tasks are accomplished.

Reasonable accommodation may include, but is not limited to:

- Making existing facilities used by employees readily accessible to and usable by individuals with disabilities;
- Altering when or how an essential job function is performed;
- Part-time or modified work schedules;
- Reassignment to a vacant position;
- Obtaining or modifying equipment or devices;
- Modifying examinations, training materials, or policies;
- Providing qualified readers or interpreters;
- Permitting the use of accrued paid leave or unpaid leave for necessary treatment;
- Providing reserved parking for a person with a mobility impairment; and
- Other similar accommodations for individuals with disabilities.

These and other examples are discussed in Chapter 4. However, the examples in this Manual do not cover the entire range of potential accommodations, because every reasonable accommodation must be determined on an individual basis and no two people with disabilities are alike. Two people with the same disability may have very different abilities and limitations.

A reasonable accommodation always must take into consideration 1) the specific abilities and functional limitations of a particular applicant or employee with a disability, and 2) the specific functional requirements of a particular job.

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### **3.2 Who may request an accommodation?**

Employees or applicants with disabilities may request a reasonable accommodation regardless of title, salary grade, bargaining unit, employment status (permanent, temporary, provisional, emergency) or civil service status (regular, exempt) and at any phase of the employment process.

For example, the need for an accommodation may be raised in the following situations:

- A job applicant may request an accommodation for a civil service examination or an interview;
- A new employee who self-identifies as having a disability may request an accommodation to perform the job he or she was hired to do;
- An employee returning to work after experiencing an illness or injury may request an accommodation to continue his or her current job;
- An employee with a disability whose medical condition has changed since initial hire may request an accommodation for the first time or a change in accommodation previously provided; and
- Any employee with a disability may request an accommodation at any time, particularly if the work environment changes.

### **3.3 Determining essential job functions**

A key step in providing reasonable accommodation is determining the essential functions of a job. The employer must evaluate whether a person with a disability is qualified to perform the "essential" functions of a particular job, with or without reasonable accommodation. To do so, an employer should identify, in advance, the "essential" functions and the "non-essential" or "marginal" functions of the job. Reasonable accommodation must be provided to enable a qualified person to perform the essential functions of the job.

To establish essential job functions, the job must be clearly defined by analyzing its component tasks and determining the physical demands these tasks place on the worker and the working conditions where the job is performed. Once the functions of the job are established, the employer is permitted to determine the applicant's qualification for those functions using criteria (tests, inquiries, etc.) that are job-related and meet a business necessity. Chapter 5, Section 5.2, Step 1, provides additional information on the job analysis process.

If, after administering the selection criteria, and the applicant meets the minimum qualification requirements, this individual is considered "qualified." When a person with a disability is qualified for the position for which he/she is applying or in which he/she is employed, State and federal laws require that an employer provide reasonable accommodation to known disabilities.

Chapter 3, page 3

### **3.4 Determining what is reasonable**

An employee with a disability may request any accommodation. However, it is the employer's job to provide only those accommodations that are reasonable.

Determining what is a "reasonable" accommodation requires an individual analysis. An accommodation is determined to be reasonable so long as it does not impose an "undue hardship" on the operation of the program or department. Some of the factors that must be considered in determining if an accommodation would impose an undue hardship are the:

- Nature and net cost of the accommodation needed. With respect to cost, the criteria rest on the ability of the Department and the State to pay for the item or service requested;
- Overall financial resources, the number of persons employed at the facility or location, and the effect on expenses and resources;
- Availability of resources at other levels of government;
- Type of operation, including the composition, structure and functions of the workforce; and
- Impact of providing the accommodation on the operation of the program or facility, including the ability of other employees to perform the duties, the effect on the position and other employees, and the impact on the program or facility's ability to conduct business.

The employer must determine whether an accommodation constitutes an "undue hardship" on a case-by-case basis. This means that no one factor, such as cost, size or

location of a particular facility, or any single combination of factors, can always be the standard by which "undue hardship" is measured.

An employer is not required to provide an accommodation for a qualified person with a disability when such provision would impose an "undue hardship" on the operation of the program or department. However, an employer may not simply assert that a requested accommodation will cause an undue hardship. An employer will have to present evidence and demonstrate that the accommodation will, in fact, cause an undue hardship.

An employer cannot claim "undue hardship" simply because the cost of an accommodation is high in relation to the value of the position in question (such as the salary for that position). An accommodation is not an "undue hardship" merely because it would cost the employer more than a fixed amount or certain percentage of the employee's salary.

Chapter 3, page 4

If the employee with a disability or an entity other than the employer (such as the state vocational rehabilitation agency) will pay the part that would otherwise make the cost an undue hardship, the employer must permit such payment.

EXAMPLE: If the cost of an assistive device is \$2,000, and an employer demonstrates that spending more than \$1,500 would be an undue hardship, the individual with a disability should be offered the option of paying the additional \$500. Or, if it would be an undue hardship for an employer to purchase Braille equipment for a blind applicant, the applicant should be offered the option of providing his own equipment (if there is no other effective accommodation that would not impose an undue hardship).

Even though a certain accommodation is not expensive, it could be an "undue hardship" if it would fundamentally alter the workplace.

EXAMPLE: An applicant seeks a position as a clerk typist in a small one-person program coordinating social workers who are in and out all day. The applicant is Deaf. The essential functions of the job are answering incoming phone calls, relaying messages to the social workers on the road regarding their appointments, and typing routine documents. The applicant requests an interpreter to answer the phone. The request could be considered unreasonable since it would require a fundamental alteration of the nature of the work. In this instance, the assistant (interpreter) would be performing the job for the Deaf individual rather than assisting the individual to perform the job.

EXAMPLE: An employee with a disability requests that the thermostat in the workplace be raised to a certain level to accommodate her disability. If this level would make it uncomfortably hot for other employees or customers this request would probably be unreasonable. However, if there was an alternative accommodation such as providing a

space heater or placing the employee in a room with a separate thermostat this accommodation would not be an "undue hardship."

Any accommodation that would pose a significant health or safety risk to the employee or to anyone else is an unreasonable accommodation.

EXAMPLE: Assigning an employee to a job that has as an essential function operating a machine for which the individual is not qualified would be dangerous and unreasonable. The employer is not required to eliminate an essential job function because an employee is unable to operate that equipment safely.

The employer is not required to make an accommodation simply because technology is available.

EXAMPLE: Purchasing a mechanical desk to assist an employee who has problems opening desk drawers would be unreasonable if other devices such as levers or a handle were equally effective.

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The employer is not required to make an entire existing facility barrier-free if a work location can be changed to accommodate an employee with a disability in all areas where access is required.

In determining whether an accommodation would cause an "undue hardship," the employer may consider the impact of the accommodation on the ability of other employees to do their jobs. However, the employer may not claim "undue hardship" solely because providing an accommodation has a negative impact on the morale of other employees.

EXAMPLE: If an employee objects to working with an individual who has a disability because the employee feels uncomfortable due to a person's facial disfigurement or appearance due to Down Syndrome or possible seizure or difficulty speaking, this would not constitute an undue hardship.

If restructuring a job to accommodate an individual with a disability creates a heavier workload for other employees, this may constitute an "undue hardship." But if other employees complain because an individual with a disability is allowed to take allowable unpaid leave (such as Family Medical Leave for oneself) or to have a special flexible work schedule as a reasonable accommodation, such complaints or other negative reactions would not constitute an "undue hardship."

Problems of employee morale and employee negative attitudes should be addressed through appropriate consultations with supervisors and, where relevant, with union representatives. The employer also may wish to provide employees with "awareness" training, to help overcome fears and misconceptions about disabilities, and to inform



them of the State's obligations under the ADA. The terms of a collective bargaining agreement may be relevant in determining whether an accommodation would impose an undue hardship.

EXAMPLE: A worker who has a deteriorated disc condition and cannot perform the heavy labor functions of a machinist job, requests reassignment to a vacant clerk's job as a reasonable accommodation. If such a movement would be a promotion, and since bargaining unit provisions give priority to employees within the bargaining unit, placing the employee in the clerk position might constitute an undue hardship.

However, since both the State of Hawai'i and the union are covered by the ADA's requirements, including the duty to provide a reasonable accommodation, the employer should consult with the union and try to work out an acceptable accommodation.

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## **4.0 Types of Reasonable Accommodation**

There are as many types of reasonable accommodation as there are persons with disabilities. Every accommodation requires an individual assessment. This chapter describes some examples of accommodations.

### **4.1 Job restructuring**

Job restructuring or job modification is a form of reasonable accommodation that enables many qualified individuals with disabilities to perform jobs effectively. Job restructuring as a reasonable accommodation may involve reallocating or redistributing the marginal functions of a job.

The employer is not required to reallocate essential functions of a job as a reasonable accommodation. Essential functions, by definition, are those that a qualified individual must perform, with or without accommodation.

EXAMPLE: Inspection of identification cards is generally an essential function of a security officer. If a person with a visual impairment could not verify the identification of an individual using the photo and other information on the card, it would not be reasonable to transfer this function to another employee.

Job restructuring frequently is accomplished by exchanging marginal functions of a job that cannot be performed by a person with a disability for marginal job functions performed by one or more other employees.

EXAMPLE: An office has two data processing clerks. Typing on the computer is an essential function. Using the phone is a marginal function. If a qualified data processing clerk had a speech impairment, it would be reasonable to assign the function of using

the phone to the employee without a speech impairment in exchange for doing that employee's filing.

Although the employer is not required to reallocate essential job functions, it may be a reasonable accommodation to change when or how the essential functions are done. These include:

- Reassign work at the existing site among co-workers.

EXAMPLE: If a secretary had a vision impairment that prevented the secretary from typing in small spaces on forms, whenever such forms needed to be prepared, they might be assigned to another secretary without a vision impairment. In exchange, the secretary with a disability could assume one of the colleague's duties, such as filing.

- Eliminate non-essential tasks.

EXAMPLE: If a part of the job is not necessary, it could be eliminated entirely. A mail clerk, rather than traveling to the post office in the early morning, might be allowed to wait for regular mail delivery.

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- Reassign visits to accessible sites.

EXAMPLE: If a program has two repairpersons who go into the field, a repairperson who uses a wheelchair could service the accessible sites, while the repairperson without a disability could service the other sites, assuming that an equal workload could be arranged.

- Allow work in other than the traditional office setting.

EXAMPLE: A surveyor can make calls on a designated line from home instead of having to come regularly to an inaccessible office to make those calls.

## **4.2 Modified work schedules and flexible leave policies**

Modification of a regular work schedule or a flexible leave policy may be a reasonable accommodation unless it would cause an undue hardship. Modified work schedules may include flexibility in work hours or the workweek, or part-time work, based upon the nature of the program.

People whose disabilities may need modified work schedules include individuals:

- Who require special medical treatment for their disability (such as cancer patients, people who have AIDS, or people with mental illness),

- Who need rest periods (including some people who have multiple sclerosis, cancer, diabetes, respiratory conditions, or mental illness),
- Whose disabilities (such as diabetes) are affected by eating or sleeping schedules, or
- With mobility and other impairments who find it difficult to use public transportation during peak hours, or who must depend upon special paratransit schedules.

Flexible leave policies should be considered as a reasonable accommodation when people with disabilities require time off from work because of their disability. The employer is not required to provide additional paid leave as an accommodation, but should consider allowing use of accrued leave or leave without pay, where this will not cause an undue hardship.

People with disabilities may require a modified work schedule or flexible leave for a number of reasons related to their disability, such as:

- Medical treatment related to the disability;
- Repair of a prosthesis or equipment;

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- Temporary adverse conditions in the work environment (for example, an air conditioning breakdown causing temperature above 85 degrees could seriously harm the condition of a person with multiple sclerosis); or
- Training in the use of an assistive device or a guide dog. (However, if an assistive device is used at work and provided as a reasonable accommodation, and if other employees receive training during work hours, then the employee with a disability should receive training on this device during work hours, without the need to take leave.)

Many people with disabilities are fully qualified to perform jobs with the accommodation of a modified work schedule. Some people are unable to work a standard 7:45 a.m. to 4:30 p.m. workday, or a standard Monday to Friday workweek. Depending on the nature of the work assignment and operational requirements, modifications to work schedules and hours may be a reasonable accommodation as long as it does not result in an undue hardship. The employer should consult the human resource officer for any possible labor relation impact when considering such modifications.

EXAMPLE: An employee who needs kidney dialysis treatment is unable to work on two days because treatment is only available during work hours on weekdays. Depending on the nature of the work and the nature of the work operation, it may be possible,

without causing an undue hardship, for the employee to perform work assignments at home on the weekend or to work three days a week as a part-time employee.

#### **4.3 Modification or purchase of equipment and devices**

Purchase of equipment or modifications to existing equipment may be effective accommodations for people with many types of disabilities.

There are many devices that make it possible for people to overcome existing barriers to performing functions of a job. These devices range from very simple solutions, such as an elastic band that can enable a person with cerebral palsy to hold a pencil and write, to "high-tech" electronic equipment that can be operated with eye or head movements by people who cannot use their hands.

Types of equipment and devices that may be appropriate include:

- Teletypewriters (TTYs) or videophones enable people with hearing and/or speech impairments to communicate over the telephone;
- Telephone amplifiers for people who are hard of hearing;
- Special software for computers and other equipment to enlarge print or convert print documents to voice output for people with vision and/or reading disabilities;
- Tactile markings on equipment in Braille or raised print for people with visual impairments;

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- Telephone headsets and adaptive light switches for people with cerebral palsy or other manual disabilities;
- Talking calculators for people with visual or reading disabilities;
- Speaker phones or headsets for people who are amputees or have other mobility impairments;
- A comfortable, supportive desk chair for a secretary with a bad back;
- A desk that has been raised by blocks for an employee who uses a wheelchair;
- A Kurzweil reading machine, a computerized device which converts all types of printed material into synthetic spoken English speech at approximately 150 words per minute for a person with a visual impairment. Users can read a variety of printed materials once they learn to understand the synthetic voice;

- Modified equipment controls for hand or foot operation for a person with limited hand or foot control;
- Keyboard hand rest and a finger guide mounted on typewriters or keypunch keyboards to keep persons with motor control disabilities to prevent striking keys in error;
- Armrest attachments on typewriters for persons who have finger control but paralyzed arm muscles;
- Typewriter brackets that hold a continuous roll of paper, plus a tear-off blade for the typist who has difficulty inserting separate sheets of paper;
- Clipboards for employees with one arm;
- Marking pens that permit persons with visual impairments to write oversized letters;
- Magnifiers for those with limited vision;
- Buzzers to replace warning lights for employees who are blind;
- Speakerphones or headsets for those who have difficulty holding the phone;
- An electronic video visual aid, which has a tiny electric eye camera that scans a page of print and sends a signal which eventually forms identical raised letters and numbers which can be felt by a person who is blind; or
- A Braille typewriter or Braille writer for a employee who is blind.

There are also many ways to modify standard equipment so as to enable people with different functional limitations to perform jobs effectively and safely.

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The employer is only obligated to provide equipment that is needed to perform a job; there is no obligation to provide equipment that the individual uses regularly in daily life, such as glasses, a hearing aid or a wheelchair. However, as previously stated, the employer may be obligated to provide items of this nature if special adaptations are required to perform a job.

EXAMPLE: An employee with a mobility impairment owns and uses a manual wheelchair. However, if the employee's job requires movement between buildings that are widely separated and the employee's mobility impairment prevents operation of a wheelchair manually for that distance, or if heavy, deep-pile carpeting prevents

operation of a manual wheelchair, then it may be a reasonable accommodation to provide an employee with a motorized wheelchair or scooter for use at the workplace.

#### **4.4 Reassignment to a vacant position**

In general, reassignment should be considered only when an accommodation is not possible in an employee's present job, or when an accommodation in the employee's present job would cause an undue hardship. Reassignment also may be a reasonable accommodation if both employer and employee agree that this is more appropriate than accommodation in the present job.

Reassignment is only required for current employees, not prospective employees. An employer is not required to consider a different position for a job applicant who is not able to perform the essential functions of the position, with or without reasonable accommodation.

Reassignment may be an appropriate accommodation when an employee acquires a disability, when a disability becomes more severe, or when changes or technological developments in equipment affect the job performance of an employee with a disability. If there is no accommodation that will enable the person to perform the present job, or if it would be an undue hardship for the employer to provide such accommodation, reassignment may be considered.

Reassignment may not be used to limit, segregate, or otherwise discriminate against an employee with a disability. The employer may not reassign people with disabilities only to certain undesirable positions, or only to certain offices, or facilities.

Reassignment should be made to a position equivalent to the one presently held in terms of pay and other job status, if the individual is qualified for the new position and if such a position is vacant or will be vacant within a reasonable amount of time. A "reasonable amount of time" should be determined on a case-by-case basis, considering relevant factors such as the types of jobs for which the employee with a disability would be qualified; the frequency with which such jobs become available; the employer's general policies regarding reassignments of employees; and any specific policies regarding sick or injured employees.

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The employer may reassign an individual to a lower graded position if there are no accommodations that would enable the employee to remain in the current position and there are no positions vacant or soon to be vacant for which the employee is qualified (with or without an accommodation). In such a situation, the employee does not have to maintain the individual's salary at the level of the higher graded position, unless the employer does so for other employees who are reassigned to lower graded positions. (Note: Collective bargaining agreements, including those for public employees, may address compensation adjustments when an employee is reassigned to another

position due to disability. These must be adhered to if they contain requirements not covered in the ADA.)

The employer is not required to create a new job or to bump another employee from a job in order to provide reassignment as a reasonable accommodation. Nor is the employer required to promote an individual with a disability to make such an accommodation.

**EXAMPLE:** If there is no vacant position available at the time that an individual with a disability requires a reassignment, but the employer knows that an equivalent position for which this person is qualified will become vacant within one or two weeks, the employer should reassign the individual to the position when it becomes available.

#### **4.5 Modifications of exams, training materials, or policies**

Modifications or adjustments in the way that tests and training are administered or revisions to other employment policies and practices may also be required as reasonable accommodations in order to provide equal employment opportunities for qualified individuals with disabilities.

**4.5.1 Tests and examinations.** Accommodations may be needed to assure that tests or examinations measure the actual ability of an individual to perform job functions, rather than reflecting limitations caused by the disability. Tests should be given to people who have sensory, speaking, or manual impairments in a format that does not require the use of the impaired skills unless that is the job-related skill the test is designed to measure.

**EXAMPLE:** An applicant for a job has dyslexia, a learning disability, that causes difficulty in reading. The applicant should be given an oral rather than a written test, unless reading is an essential function of the job. Or, the individual might be allowed more time to take a test, unless the test is designed to measure speed required on a job.

The employer is only required to provide a reasonable accommodation for a test if the individual with a disability requests an accommodation. However, the employer has an obligation to inform job applicants in advance that a test will be given, so that an individual who needs an accommodation can make a request.

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**4.5.2 Training.** Reasonable accommodation should be provided, when needed, to give employees with disabilities equal opportunity to benefit from training to perform their jobs effectively and to advance in employment. Needed accommodations may include providing:

Accessible training sites;

- Training materials in alternate formats to accommodate a disability; or
- Sign Language interpreters.

EXAMPLE: An individual with a visual disability may need training materials on tape, in large print, or on a computer diskette.

EXAMPLE: An individual in a wheelchair may need an accessible site, including a restroom for an eight-hour workday.

**4.5.3 Modifications to policies.** Modifications to policies and procedures other than those previously mentioned may include:

- Modification of a workplace policy prohibiting animals in the workplace to allow a person with a disability to be accompanied by a service animal.
- Modification of an emergency evacuation procedure to provide effective egress for employees with mobility disabilities in case of emergency.
- Provision of accessible parking for an employee with a qualified parking permit designated for persons with disabilities.

#### **4.6 Modification of physical site (building and facility)**

Employment activities must take place in an integrated setting. Employees with disabilities may not be segregated into particular facilities or parts of facilities. This means that architectural barriers might have to be removed or altered to provide structural accessibility to the workplace. However, the employer is not required to make structural modifications that are unreasonable and would impose an undue hardship.

In existing structures, structural modifications are necessary to the extent that they will allow an employee with a disability to perform the essential functions of the job including access to work stations, and normal support facilities such as bathrooms, water fountains, and lunchrooms.

**ATTACHMENT 4-A** provides a list of some of the structural problems that persons with disabilities might face with the built environment.

Chapter 7, Section 7.2, provides information on how to request a modification of the employer's physical premises.

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Non-structural changes are allowed instead of structural changes if they achieve the same result:



EXAMPLE: A training is provided in a location without an accessible restroom. Rather than modify the restroom, the training can be moved to an accessible location that includes an accessible restroom.

EXAMPLE: A water fountain is too high for a person in a wheelchair to use. Rather than lower the drinking fountain, cup dispensers are installed. The dispenser must be kept filled with cups on a continuous basis to be considered accessible.

#### **4.7 Provision of readers, communication access providers, or personal assistants**

**4.7.1 Provision of qualified readers.** It may be a reasonable accommodation to provide a reader for a qualified individual with a disability, if this would not impose an undue hardship.

In some job situations a reader may be the most effective and efficient accommodation, but in other situations equipment may enable an individual with a visual disability to perform job tasks just as effectively.

Providing a reader does not mean that it is necessary to hire a full-time employee for this service. Few jobs require an individual to spend all day reading. A reader may be a part-time employee or full-time employee who performs other duties. However, a reader for a visually impaired employee must read well enough to enable the individual to perform his or her job effectively. It would not be a reasonable accommodation to provide a reader with poor reading skills that hinder the job performance of the individual with a disability.

EXAMPLE: A social worker who is blind requests a reader for paperwork, interviews, and report generation. A reader could be provided for several hours a day in addition to the acquisition of a computer with spell-checker and voice output. If reading materials consists of court papers for child abuse cases, then a reader's vocabulary and reading level should be commensurate with the documents to be read.

**4.7.2 Provision of qualified communication access providers.** Communication access providers (i.e., a Sign Language interpreter, computer assisted notetaker or real time captioner) on an "as needed" basis may be a reasonable accommodation for a person who is Deaf, if this does not impose an undue hardship.

A person who is Deaf or hard of hearing should be able to communicate effectively with others as required by the duties of the job. Identifying the needs of the individual in relation to specific job tasks will determine

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whether or when an interpreter may be needed. The financial and administrative resources available to the employer would be considered in determining whether it would be an undue hardship to provide such an accommodation.

EXAMPLE: A Deaf person applies for a job as a clerk typist. It may be necessary to obtain a qualified interpreter for a job interview, because the applicant and interviewer must communicate fully and effectively to evaluate whether the applicant is qualified to do the job. Once hired, however, if the individual is doing clerical work, computer applications, or other job tasks that do not require much verbal communication, an interpreter may only be needed occasionally. Interpretation may be necessary for training situations, staff meetings or any employee party, so that this person can fully participate in these functions. Communication on the job may be handled through different means, depending on the situation, such as written notes, "signing" by other employees who have received basic Sign Language training, or by typing on a computer or typewriter.

**4.7.3 Provision of personal assistants.** Providing a personal assistant on an "as needed" basis may be a reasonable accommodation for a person with a mobility impairment, if this does not impose an undue hardship.

EXAMPLE: An assistant may be needed to retrieve items on shelves, file, or selectively assist a person with quadriplegia with other clerical duties. The assistant would not be required for toileting, dressing, or feeding, but rather only for work related tasks.

EXAMPLE: An assistant may be needed to guide a blind person who must travel as part of the job.

Chapter 7, Section 7.3, provides additional information on providing readers, interpreters, or personal assistants within the State system. Position descriptions are provided to outline the types of duties someone may provide if such positions existed or were to be created.

## **4.8 Other accommodations**

There are many other accommodations that may be effective for people with different disabilities in various jobs. Some other accommodations that may be appropriate include:

EXAMPLE: An employee makes sporadic site visits to a home for inspection. Mileage is paid as part of one's job. Instead, an employee who doesn't drive may be allowed to use paratransit or a taxicab instead of a personal car.

EXAMPLE: A person with a developmental or intellectual disability is hired for a maintenance position. The employer is offered the use of a job coach for individualized on-the-job training and services.

## CHART OF POSSIBLE STRUCTURAL PROBLEMS

Disability	Possible Access Problem Areas	Possible Responses
<p>Blind and Visually Impaired</p> <p>(includes not only those persons who are blind, but also those with limited vision)</p>	<ul style="list-style-type: none"> <li>• Path of travel</li> <li>• Displays of information</li> <li>• Controls with written directions</li> <li>• Elevator operating buttons</li> <li>• Completion of written forms</li> </ul>	<ul style="list-style-type: none"> <li>• Label in Braille</li> <li>• Provide Readers</li> <li>• Respond to questions orally</li> <li>• Air radio announcements</li> <li>• Use writing, drawing, optical aids (e.g., magnifiers)</li> </ul>
<p>Deaf and Hearing Impaired</p> <p>(includes not only those persons who are deaf, but also those with limited or partial hearing)</p>	<ul style="list-style-type: none"> <li>• Information obtained through:               <ul style="list-style-type: none"> <li>◦ telephones</li> <li>◦ warning devices (e.g., fire alarms, public address systems)</li> <li>◦ equipment operating noises</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Use amplification devices</li> <li>• Install a TTY or videophone</li> <li>• Use an interpreter</li> <li>• Publish written announcements</li> <li>• Allow mail-in procedures to be used</li> <li>• Accommodate lipreaders</li> <li>• Use visual cues for signage</li> </ul>
<p>Mentally Impaired</p>	<ul style="list-style-type: none"> <li>• Difficulty understanding               <ul style="list-style-type: none"> <li>◦ signs</li> <li>◦ controls</li> <li>◦ operating instructions</li> <li>◦ directions</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Use visual cues for signage</li> <li>• Allow someone to assist and/or answer questions and provide directions</li> </ul>
<p>Difficulty with Upper Body Movement</p> <p>(includes those persons who have limited use of arms or shoulders; persons who are in wheelchairs or on crutches; people of</p>	<ul style="list-style-type: none"> <li>• Difficulty operating (or locating or reaching) certain hardware-hand controls on doors               <ul style="list-style-type: none"> <li>◦ hand controls on doors</li> <li>◦ toilet room fixtures</li> <li>◦ water fountains</li> <li>◦ telephones</li> <li>◦ vending machines</li> <li>◦ light fixtures</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Relocate a program or service to accessible area</li> <li>• Use adaptive equipment or modify hardware</li> </ul>

short stature; those who cannot perform certain hand movements or have difficulty controlling movement)		
Mobility Impairments  (includes those persons having breathing difficulties or stamina limitations, as well as those in wheelchairs and on crutches)	<ul style="list-style-type: none"> <li>• No grab bars, handrails, other supports</li> <li>• No designated parking spaces</li> <li>• Distances from parking, public transit stops</li> <li>• Route of travel <ul style="list-style-type: none"> <li>◦ outside: curbs, walks, unlevel surfaces</li> <li>◦ inside: unlevel surfaces, carpeting, textured tile</li> </ul> </li> <li>• Entrances and doors</li> <li>• Restrooms, telephones, water fountains</li> <li>• Location of controls, general purpose hardware</li> </ul>	<ul style="list-style-type: none"> <li>• Replace existing hardware, equipment</li> <li>• Make necessary structural changes to eliminate barriers</li> </ul>

## 5.0 The Reasonable Accommodation Process

### 5.1 Employee identification of needs and request for reasonable accommodation

The employer, as the hiring authority, is obligated to make an accommodation only to the known limitations of an otherwise qualified individual with a disability. In general, it is the responsibility of the applicant or employee with a disability to inform the employer that an accommodation is needed to participate in the application process, to perform the essential job functions, or to receive equal benefits and privileges of employment. The employer is not required to provide an accommodation if the employer is unaware of the need or is not voluntarily informed about a person's disability.

Therefore, every assurance should be made to inform employees or applicants of the State of Hawai'i policy to provide reasonable accommodation for individuals with disabilities and provide a mechanism for such individuals to identify their disability, the functional limitation resulting from their disability, and the nature of the accommodation being requested.

An applicant or employee does not have to specifically request a "reasonable accommodation," but must only let the employer know that some adjustment or change

is needed to do a job because of the limitations caused by a disability. Form RA-1 (**ATTACHMENT 5-A**) has been prepared as a standard form for Departments to use in assisting the individual requesting an accommodation. While such form is not required in order to provide an accommodation, its use will facilitate the decision-making process internal to the program. In addition, the form will be acknowledged by the Department of Accounting and General Services and the Department of Budget and Finance, as appropriate, as supporting documentation when a request for reasonable accommodation involves processing a purchase order or an adjustment in the budget.

If an applicant or employee has a "hidden disability," one that is not obvious, it is up to that individual to make the need for an accommodation known. If an applicant or employee has a known or visible disability that appears to limit, interfere with, or prevent the individual from performing job-related functions, the employer may ask the applicant to describe or demonstrate how the employee would perform the function with or without an accommodation. If an employee with a known disability is not performing well or is having difficulty in performing a job, the employer should assess whether this is due to a disability. The employer may inquire at any time whether the employee needs an accommodation.

## **5.2 Medical documentation for reasonable accommodation request**

If the individual's need for accommodation is not apparent, the employer may request documentation of those functional limitations for which the accommodation is being requested. Before consulting with the physician, it is necessary to obtain the individual's written consent for the release of medical information to your organization. Forms RA-2 and RA-3 (**ATTACHMENT 5-B**) have been prepared for Departments to use for this purpose. You are not restricted to using this form; Departments may adapt the form for their

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own use, if desired. It is also advised that you include a copy of the individual's position description and a brief description with essential job functions specified of the particular function that you are seeking to accommodate.

In addition to documenting the individual's functional limitations, the physician should be able to provide the employer with information that will assist in identifying a potential accommodation. However, the physician is not expected to determine effectiveness of an accommodation; this is the responsibility of the employer. However, consultation with the individual's physician may provide some viable information as to how a limitation can be accommodated.

The purpose of contacting a physician for medical documentation is to (1) verify that an individual making a request for an accommodation is a person with a disability and (2) to ascertain detailed information regarding the functional limitations of the individual as

they relate to the essential functions of the job. Information regarding an individual's lifestyle or non-work accommodation is not relevant.

**ATTACHMENT 5-C** provides guidelines for consultation with a physician when seeking medical documentation for reasonable accommodation requests. Each request should be individualized to the person and the job in question.

The initial request may not result in as much information/assistance from the doctor as desired. This process may involve multiple requests to the physician especially if job reassignment is an option and various alternatives are considered.

### **5.3 Interactive process**

Once an individual with a disability has requested provision of an accommodation, the employer must make an effort to determine an appropriate accommodation and if it is reasonable in light of the agency's operation or program. The appropriate reasonable accommodation is best determined through a flexible, interactive process between the employer and the individual with a disability.

In many instances, the appropriate reasonable accommodation may be so obvious that it may not be necessary to proceed in a formalized fashion. However, in other instances, neither the individual requesting the accommodation nor the employer can readily identify the appropriate accommodation. Under such circumstances, it may be necessary to implement a more defined problem-solving process, such as the one described below, as part of an effort to identify the appropriate reasonable accommodation.

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The following general process should be followed:

- **Step 1: Job Analysis.** Analyze the actual job duties as specified in the position description to determine the true duties and percent of time spent performing actual duties. This is necessary to ascertain which job functions are the essential functions that the employee with a disability must perform with or without accommodation. The percentage of time assigned to various tasks is often, but not always, used to determine essential functions. This assessment may also identify marginal duties which can be reassigned to another individual without compromising the core of the individual's work, or if other accommodations may enable the employee with a disability to perform the essential functions. The Departmental Personnel Office may be a valuable resource in determining essential job functions. Strategies for determining the essential job functions are included in **ATTACHMENT 5-D**.
- **Step 2: Consultation with the Employee with a Disability.** Consult the employee with a disability to determine the precise job-related limitations

imposed by the employee's disability, which, in turn, will make it possible to determine the accommodations that could alleviate or remove the precise barriers. The employee, having lived with a disability, may have good suggestions or practical solutions to offer for overcoming the barrier. This assessment will also ensure that the appointing authority only provide accommodations that are the result of an individual's disability. It is not the employer's responsibility to provide accommodations to an individual with a disability if those accommodations will not compensate for impairment affecting the employee's employment.

- **Step 3: Identification of Potential Accommodations.** In consultation with the individual to be accommodated, potential accommodations should be identified to assess the effectiveness each would have in enabling the individual to perform the essential functions of the position. If this consultation with the employee with a disability does not reveal a solution, several other sources of information are available:

**The Department EEO/AA Officer**

**State Disability and Communication Access Board**

**Vocational Rehabilitation and Services for the Blind Division  
Department of Human Services**

**Job Accommodation Network (JAN)**

A description of each of the above offices with corresponding addresses and the type of technical assistance available is included as **ATTACHMENT 5-E**.

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- **Step 4: Selection of the Accommodation.** Once potential accommodations have been identified, the employer should assess the effectiveness of each potential accommodation in assisting the individual in need of the accommodation in the performance of the essential functions of the position. If more than one of these accommodations will enable the individual to perform the essential functions or if the individual would prefer to provide the accommodation, the preference of the individual should be given primary consideration. It should be noted that the employer is encouraged, but not obligated, to select the preference of the employee. The hiring authority providing the accommodation has the ultimate discretion to choose between effective accommodations, and may choose a less expensive accommodation or the accommodation that is easier to provide or the accommodation that is less disruptive on the overall operations of the program.

**ATTACHMENTS 5-F and 5-G** provide a chart and an illustration of this process.

An individual with a disability is not required to accept an accommodation if the individual has not requested an accommodation and does not believe that one is needed. However, if the individual refuses an accommodation necessary to perform essential job functions, and as a result cannot perform those functions, the individual may not be considered qualified.

EXAMPLE: An individual with a visual impairment that restricts that person's field of vision but who is able to read would not be required to accept a reader as an accommodation. However, if this person could not read accurately unaided, and reading is an essential function of the job, that person would not be qualified for the job if that person refused an accommodation that would enable this individual to read accurately.

#### **5.4 Responsibility of the appointing authority (Department and Program)**

The immediate supervisor is often the key person in addressing and responding to requests from employees for reasonable accommodations. However, it is sound practice for higher-level managers and/or Departmental Personnel offices to be apprised of situations that may be difficult to address or may require their intervention. Departments need to determine and communicate to managers and subordinate supervisors the role they are to play in this process. Throughout the process, the employee's privacy rights and the confidentiality of their medical information, must be preserved.

Although the State Disability and Communication Access Board and the Vocational Rehabilitation and Services for the Blind Division can be accessed to provide options for accommodations or creative solutions, the final decision to provide or not provide an accommodation, to hire or not to hire, or to take any specific employment action is the responsibility of the appointing authority and its Department.

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#### **ATTACHMENT 5-A (FRONT)**

#### **REQUEST FOR ACCOMMODATION (Confidential) DEPARTMENT OF \_\_\_\_\_**

Date of Request \_\_\_\_\_

Please Check One: I am an \_\_\_\_ Applicant \_\_\_\_ Employee

Requester's Name: \_\_\_\_\_

Class of Work or Position Title and Level: \_\_\_\_\_

Division/Section/Unit: \_\_\_\_\_



Worksite Address: \_\_\_\_\_ Worksite/Day Phone: \_\_\_\_\_  
\_\_\_\_\_

### APPLICATION

(Application to be completed by employee/applicant)

1. I am requesting the following accommodation(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. It is necessary for me to have this accommodation for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requester's Signature \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

### DETERMINATION

Your request of \_\_\_\_\_ for an accommodation has been:

\_\_\_ Approved ACCOMMODATION(S) PROVIDED:

\_\_\_\_\_

\_\_\_ Disapproved REASON(S) DENIED:

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you disagree with my determination, you may present additional information to me within ten (10) business days of the date that this determination is made to further substantiate your request. Please call me at \_\_\_\_\_ to discuss the above decision. (Telephone/ext.)

Appointing Authority's \_\_\_\_\_ Signature Date \_\_\_\_\_  
\_\_\_\_\_

RA-1  
06/04

**ATTACHMENT 5-A (BACK)**

**General Instructions**

**This form is meant to simplify the processing and recording of requests for accommodations. Requests for reasonable accommodation are confidential.**

**REQUEST FOR ACCOMMODATION form (optional)**

**General Information: To be completed by employee or applicant making request.**

**Department of:** Enter the name of the department this request is made at.

**Date of Request:** Enter the date this application for request is made.

**I am an:** Check only one. Employee includes new appointee or applicant which has accepted an offer of employment.

**Requester's Name:** Self explanatory. Enter the name the requester is using for employment with the State

**Class of Work or Position Title and Level:** If an employee enter information on position held else if an applicant enter information on the position you are applying for.

**Division/Section/Unit:** Enter only if employee of the State.

**Worksite Address:** Enter only if employee of the State.

**Worksite/Day Phone:** If an employee enters worksite phone number else applicant enter phone number we can contact you during the day.

**Application:** To be completed by employee or applicant making request.

**1. Requesting accommodation(s):** Describe what requester believes is needed.

**2. Reasons:** Describe the disability and functional limitations that make this request necessary. **Requester's Signature:** Self explanatory.

**Date:** Enter the date application is signed.

**Determination:** To be completed by the Appointing Authority of the Department receiving the request.

**Date of Request:** Enter date of signature.

**Approved/Disapproved:** Check one only.

**Accommodations provided:** If approved, enter accommodation to be provided.

**Reason(s) Denied:** Enter reasons request denied. Be specific.

**Telephone/ext.:** Enter appointing authority's voice and TTY phone number, as appropriate.

**Appointing Authority's Signature:** Self explanatory. (Signature of supervisor or higher level designee as specified by department head.)

**Date:** Enter date of appointing authority's signature of action.

**FOR INTERNAL USE ONLY**

Submit for internal action only if request is unreasonable or presents a hardship on the employer.

**FOR INTERNAL USE ONLY**

Date Request Received: \_\_\_\_\_

Final

Decision: \_\_\_\_\_

Action Taken: \_\_\_\_\_ Date of Final

Decision: \_\_\_\_\_ Comments: \_\_\_\_\_

\_\_\_\_\_ Examiner/Supervisor's Name: \_\_\_\_\_ Date Notice Sent: \_\_\_\_\_

RA-1

04/12

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**ATTACHMENT 5-B (FRONT)**

**REQUEST FOR RECONSIDERATION OF AN ACCOMMODATION**

**(Confidential)**

**DEPARTMENT OF \_\_\_\_\_**

Date of Request \_\_\_\_\_

Please Check One:

I am an \_\_\_\_ Applicant \_\_\_\_ Employee

Requester's Name: \_\_\_\_\_

Class of Work or Position Title and Level: \_\_\_\_\_

Division/Section/Unit: \_\_\_\_\_

Worksite Address: \_\_\_\_\_ Worksite/Day Phone: \_\_\_\_\_

\_\_\_\_\_

**APPLICATION FOR REDETERMINATION**

(Application to be completed by employee/applicant)

1. To substantiate my request for an accommodation, I am submitting the following information for your reconsideration. Necessary documentation is attached.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. It is necessary for me to have this accommodation for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requester's Signature \_\_\_\_\_ Date

\_\_\_\_\_

#### REDETERMINATION

Your request of \_\_\_\_\_ for an accommodation has been:  
Date of Request \_\_\_\_\_

\_\_\_ Approved ACCOMMODATION(S) PROVIDED:

\_\_\_\_\_

\_\_\_ Disapproved REASON(S) DENIED:

If you disagree with my final determination, you may an administrative review of this decision by writing to the following office within ten (10) business days of my final decision.

Name:

\_\_\_\_\_

Title: \_\_\_\_\_ Business

Phone: \_\_\_\_\_

Appointing Authority's \_\_\_\_\_ Signature Date

\_\_\_\_\_

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**ATTACHMENT 5-B (BACK)**

#### General Instructions

**This form is meant to simplify the processing and recording of requests for accommodations. Requests for reasonable accommodation are confidential.**

## REQUEST FOR RECONSIDERATION OF AN ACCOMMODATION form (optional)

**General Information:** To be completed by employee or applicant making request.

**Department of:** Enter the name of the department this request is made at.

**Date of Request:** Enter the date this application for request is made.

**I am an:** Check only one. Employee includes new appointee or applicant which has accepted an offer of employment.

**Requester's Name:** Self explanatory. Enter the name the requester is using for employment with the State.

**Class of Work or Position Title and Level:** If an employee enter information on position held else if an applicant enter information on the position you are applying for.

**Division/Section/Unit:** Enter only if employee of the State.

**Worksite Address:** Enter only if employee of the State.

**Worksite/Day Phone:** If an employee enters worksite phone number else applicant enter phone number we can contact you during the day.

**Application For Reconsideration:** To be completed by employee or applicant making request.

**1. Additional information for reconsideration:** List new information submitted, other data, documents, explanation that may be used to clarify request (e.g., past accommodations, physician's reports, ability to supply personal devices, etc.). Attach all documents listed.

**Requester's Signature:** Self explanatory.

**Date:** Enter the date reconsideration is signed.

**Redetermination:** To be completed by the Appointing Authority of the Department receiving the request.

Date of Request: Enter date of signature.

**Approved/Disapproved:** Check one only.

**Accommodations provided:** If approved, enter accommodation to be provided.

**Reason(s) Denied:** Enter reasons request denied. Be specific.

**Telephone/ext.:** Enter appointing authority's voice and TTY phone number, as appropriate.

**Appointing Authority's Signature:** Self explanatory. (Signature of supervisor or higher level designee as specified by department head.)

**Date:** Enter date of appointing authority's signature of action.

### FOR INTERNAL USE ONLY

Submit for internal action only if request is unreasonable or presents a hardship on the employer.

### FOR INTERNAL USE ONLY

Date Request Received: \_\_\_\_\_

Final

Decision: \_\_\_\_\_

Action Taken: \_\_\_\_\_ Date of Final

Decision: \_\_\_\_\_ Comments: \_\_\_\_\_

Examiner/Supervisor's Name: \_\_\_\_\_ Date Notice Sent: \_\_\_\_\_

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**ATTACHMENT 5-B**

**State of Hawaii**  
**Department of** \_\_\_\_\_

**EMPLOYEE AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby request and authorize \_\_\_\_\_  
(Physician's Name) \_\_\_\_\_  
(Physician's Address) \_\_\_\_\_  
(Physician's Phone Number) \_\_\_\_\_

to release and send to the Department of \_\_\_\_\_  
the following information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

which you may have or may receive about me. I understand this information is to help determine the extent of my disability, its effect on work activities, and any need for reasonable accommodation to enable me to perform my job in the workplace. I have read the above and fully understand its contents in entirety and am satisfied with the reason and purpose for which my permission is given.

My consent is valid for 180 days or shall terminate on \_\_\_\_\_,  
and may be revoked by me at any time except for action already taken.

Employee's Name (Print) \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**ATTACHMENT 5-C**

**MEDICAL DOCUMENTATION FOR REASONABLE ACCOMMODATION REQUESTS**

General Guidelines for Medical Documentation Requests

If an employee requests an accommodation, and the need for the accommodation is not obvious, the employer may ask for information. Specifically, the employer is entitled to documentation about the disability and any functional limitations it causes.

The employer may ask for documentation describing the impairment; the nature; severity and duration of the impairment; the activity or activities that the impairment limits; and the extent to which the impairment limits the employee's ability to perform the activity or activities.

Any medical documentation or examination conducted at the request of the employer must be job-related and consistent with business necessity. A medical examination is a procedure or test that seeks information about an individual's physical or mental impairments or health.

***An employer cannot request a complete medical record from a medical professional because that record may contain information unrelated to the specific disability at issue. If more than one disability exists, only information about the one at issue may be requested.***

A doctor or medical professional cannot tell the employer what is or is not a reasonable accommodation, nor what is an undue hardship. This is the employer's responsibility. A doctor or medical professional can provide the employer with an assessment of the condition and suggestions as to what might mitigate the limitations of the conditions.

Guidelines for Inquiries to a Physician or Medical Professional

- Verification of disability status (nature of the physical or mental impairment of the employee).
- Impact of the impairment on a major life activity, including working.
- Functional limitations associated with the impairment in relation to the essential functions of the job (provide a copy of the position description).
- Potential workplace accommodation that would allow the employee to complete the essential job functions of his or her position.
- Length of time the accommodation will be needed.
- Employee's ability to meet certain health or safety requirements, e.g., perform CPR (must specify what those requirements are).
- Whether the employee poses a direct threat to self or others and, if yes, what interventions might reduce the direct threat.

- Impact of medications, if relevant to the request, including side effects of the medication.

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### Helpful Hints when Making a Medical Inquiry

- Keep your inquiries to accommodations relating to the job, not to other aspects of the employee's personal life (e.g., reading the computer at work versus reading a magazine at home) or non-relevant history (e.g., when a condition was first contracted from an illness or injury).
- Do not ask for verification of disability if the disability is obvious.
- Do not ask for more verification of disability if the individual makes multiple requests for accommodations, unless the employee claims that their condition has changed or discloses another condition.
- Only ask questions about a disability that an employee disclosed, even if another condition is suspected, but not disclosed.
- Do not ask about prognosis of a condition, as this may change, although you may ask about duration of a condition to the extent that it will affect how long an accommodation is to be provided.
- Physicians may be best at verification of a disability but not as helpful with accommodations or adjustments to the workforce, if not medically prescribed. Utilize other professionals (therapists, rehabilitation counselors, etc.) for more information on accommodation requests once you verify a person's condition.

### Confidentiality and the Genetic Information and Notification Act

All rules relating to confidentiality of medical information apply to medical or health-related information gathered from requests to a physician for a reasonable accommodation request. To protect doctors and other health care professionals from violating patient confidentiality, the Equal Employment Opportunity Commission (EEOC) Guidance warns employers that they must obtain a release from the employee permitting the health care worker to answer relevant questions. Confidentiality by the employer must be maintained concerning any medical information received during the documentation process.

An employer should make it clear that it is not requesting family medical history or genetic information. Such a request would violate the Genetic Information Nondiscrimination Act (GINA). However, if the employer inadvertently receives such information, having previously provided a disclaimer will create a safe harbor under GINA. The EEOC recommends the following language be included on any medical request document:

*The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this*



*law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.*

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## **ATTACHMENT 5-D**

### **STRATEGIES FOR DETERMINING ESSENTIAL JOB FUNCTIONS**

A key concept in the provision of reasonable accommodation is the determination of which job duties are essential. The essential job functions are compared to the functional capabilities of the workers to objectively determine:

1. if the individual is qualified for the specific job;
2. whether accommodations would be beneficial; and,
3. what specific types of accommodations should be considered.

Therefore, identifying the essential job functions is not only critical in providing a reasonable accommodation but also critical in deciding whether or not the employer has an obligation to provide the requested accommodation.

### **WHAT ARE ESSENTIAL FUNCTIONS?**

The essential functions are job duties that:

- The individual must be able to perform unaided or with the assistance of a reasonable accommodation;
- Are necessary to the operation of a program and the reason that the position exists;
- Could be so highly specialized and that it is performed by a limited number of employees;
- The employer deems to be essential and were documented in written job descriptions prepared before advertising or interviewing;
- Takes up a vast majority of the employee's work time; and
- Are consistent with collective bargaining agreements and with work experience of past incumbents and current incumbents similar positions.

### **HOW DO YOU DETERMINE ESSENTIAL JOB FUNCTIONS?**

Conducting a job analysis provides a proven method for systematically establishing each of the essential elements of a specific job. Analysis is conducted through direct

observation, discussions with employees, and careful review of the position description to provide a comprehensive picture of the job.

There are two (2) aspects to the job analysis process: **functional job requirements** and **work environment factors**.

### **(1) Functional Job Requirements**

A task is a distinct identifiable work activity that constitutes one of the logical and necessary steps to perform a job. Job requirements provide detailed information about:

- How tasks are accomplished (methods, techniques, tools or equipment, utilized by a worker to complete work tasks).

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### **(2) Work Environmental Factors**

The nature of the environment is determined at the worksite and involves knowledge about dimensions of furniture, equipment, workspace, clearance, etc. At some point, other key locations such as bathrooms, employee parking, entrances, doorways, elevators, stairways, and hallways should be examined to determine accessibility.

Once all the functional requirements of the job have been clearly identified along with significant environmental factors, the job analysis process is complete. However, worker qualifications must be made on the basis of the essential functions of the specific job in relation to the functional capabilities of the individual with a disability.

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## **ATTACHMENT 5-E**

### **SOURCES OF TECHNICAL ASSISTANCE**

#### **Disability and Communication Access Board**

The Disability and Communication Access Board (DCAB) is administratively attached to the Department of Health. DCAB can assist in the following areas: explaining the requirements to provide reasonable accommodation under federal or state law, providing general information on the availability of specific products which might resolve a particular employment situation (by accessing information from a national database on products or from literature files in the office), explaining how to secure the services of a sign language interpreter, reader, notetaker, or personal assistant, and guidance on appropriate fee schedules for such services on a consultant basis. DCAB's technical

assistance to employers on reasonable accommodation specific to an individual is limited to state and county employees. The DCAB office is located at:

919 Ala Moana Blvd., #101  
Honolulu, HI 96814 Phone: 586-8121 (Voice or TTY)  
E-mail: [dcab@doh.hawaii.gov](mailto:dcab@doh.hawaii.gov)

Neighbor Islands can contact the DCAB office by calling toll free:

Big Island	974-4000, ext. 68121#
Kauai	274-3141, ext. 68121#
Maui	984-2400, ext. 68121#
Molokai and Lanai	1(800) 468-4644, ext. 68121#

### **State Vocational Rehabilitation and Services for the Blind Division Department of Human Services**

The State Vocational Rehabilitation and Services for the Blind Division within the Department of Human Services is responsible for providing technical assistance and information to various State Departments in addressing their responsibilities to employees and applicants who are clients of vocational rehabilitation services.

Vocational Rehabilitation and Services for the Blind Division  
600 Kapiolani Blvd., #301  
Honolulu, HI 96813  
Phone: 586-4944 (Voice or TTY)

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### **ATTACHMENT 5-E**

#### **Job Accommodation Network**

The Job Accommodation Network (JAN) assists people with disabilities enhance their employability by showing employers how to capitalize on the value and skills of individuals with disabilities in the workplace by providing expert, and confidential guidance on workplace accommodations and disability employment issues. JAN offers practical solutions that benefit both employer and employee with suggestions about how to accommodate an employee with a disability at little or no cost.

P.O. Box 6080  
Morgantown, WV 26506-6080  
Phone: (800) 526-7234 (V); (877) 781-9403 (TTY)  
E-mail: <http://askjan.org/JANonDemand.htm>  
Web site: <http://askjan.org/index.html>

**ATTACHMENT 5-F****AN EXAMPLE OF THE REASONABLE ACCOMMODATION PROCESS\***

SCENARIO: A sack handler position requires an employee to pick up 50-pound sacks and carry them from the loading dock to the storage room.

A sack handler impaired by a back injury requests a reasonable accommodation.

<b>Step</b>	<b>Result</b>
1. Job Analysis	Essential function for a sack handler is to move sacks from loading dock to storage room, but not necessarily to physically lift sacks.
2. Interactive Process with the Employee with a Disability	Employer learns that employee can lift sacks to waist level, but disability prevents employee from carrying them.
3. Identification of Potential Accommodations	Providing a dolly, hand truck or cart could enable employee to transport sacks. Carts are not feasible, because company does not own any and those available for purchase are the wrong size. Dolly and hand trucks are available and effective.
4. Selection of the Accommodation	Employee prefers dolly. Employer determines that dolly will allow employee to move sacks, so is more efficient than hand truck. Employer agrees to provide dolly as reasonable accommodation.

\* Taken from the appendix to the EEOC regulations.

**ATTACHMENT 5-G****Accommodations Decisions Chart**

**If a request for an accommodation is made, the following chart can assist the supervisor in the decision-making process regarding provisions of the accommodation.**

Does the person have a disability?	Is the person "qualified"?	Is the accommodation "reasonable"?	The accommodation
A person with a	Persons with disabilities who with	An accommodation would impose an	If the answer is "yes," it means the

<p>disability is one who:</p> <ol style="list-style-type: none"> <li>1. has a mental or physical impairment which substantially limits one or more major life activities;</li> <li>2. has a record of such an impairment; or</li> <li>3. is regarded as having an impairment.</li> </ol> <p>If "yes" move to the box to the right.</p> <p>If "no" move to the box below.</p>	<p>reasonable accommodation can perform the essential functions of a job are "qualified".</p> <p>Can thhe person perform the essential functions of the position?</p> <p>If "yes" move to the box to the right.</p> <p>If "no" move to the box below.</p>	<p>"undue hardship," and would therefore not be "reasonable," if it:</p> <ol style="list-style-type: none"> <li>1. would impose an undue cost; and/or</li> <li>2. would compromise business necessity.</li> </ol> <p>If "yes" move to the box to the right.</p> <p>If "no" move to the box below.</p>	<p>accommodation requested is reasonable and must be provided.</p>
<p>If the answer is "no," the person does not have a disability, then the accommodation need not be provided.</p>	<p>If the answer is "no," the person is not "qualified" then the reasonable accommodaton does not need not be provided.</p>	<p>If the answer is "no," the accommodation is not reasonable and need not be provided.</p>	

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## 6.0 Paying for a Specific Accommodation

Some accommodations, such as equipment purchases or facility access, will cost money.

### 6.1 Program and departmental responsibility

Funding for equipment and/or facility improvements to pay for specific accommodations should be sought through the normal budget process. The provision of some reasonable accommodations will require procedures unique to the State of Hawai'i as an employer. These procedures are covered in Chapter 7.

Resources for equipment and/or facility improvements may be available through:

- Normal budget process;
- Internal Departmental savings; and
- Programs of other Departments (Repair and Alteration/Repair and Maintenance programs of the Department of Accounting and General Services; loan or transfer of equipment from one agency to another).

Since resources are finite, improvements needed to provide specific accommodations may require some creative pooling of funds from both within an agency as well as from other agencies. An example may be the pooling of Repair and Maintenance funds from the Department of Accounting and General Services and internal savings from the requesting agency. Another example may be the pooling of funds during the fiscal year end/start in order to resource the necessary changes.

Programs must exhaust their own budget; then program managers should consult with their Department's Administrative Services Officer.

## 6.2 Helpful ideas

- IF a person with a disability is a client of the Vocational Rehabilitation and Services for the Blind Division of the State Department of Human Services or the Veterans Administration of the federal government, then the payment of an accommodation may be possible through those agencies.
- It may be possible to lease a piece of equipment at a much lower cost with less impact on a program's budget rather than purchase the item.

EXAMPLE: Rather than purchasing a teletypewriter (TTY) for the deaf for between \$200-\$400 (2004 price range) or videophone it may be easier and less costly to have a Deaf employee lease the equipment from the phone company and reimburse the employee for the cost.

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- It may be possible to borrow the equipment rather than leasing or purchasing an item. A program should contact the Resources for Technical Assistance located in the Vocational Rehabilitation and Services for the Blind Division as described in **ATTACHMENT 5-E** for more information.
- A person with a disability may wish to use his or her own equipment (e.g., computer) in the office so long as supplies are purchased and the equipment is repaired, if broken. A Department's Administrative Services Office should be contacted for possibilities for such payment.

- If services involving personnel are needed (e.g., a reader assistant), a volunteer may be utilized, if effective. A program may be able to afford reimbursement of a volunteer's costs, such as mileage and parking

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## **7.0 State of Hawai'i Procedures for Providing a Specific Accommodation**

The provision of some reasonable accommodations will require procedures unique to the State of Hawai'i as an employer.

### **7.1 Requests for equipment or furniture**

Requests for equipment or furniture include, but are not limited to: telephone or telecommunications equipment and peripherals, computer equipment and peripherals, and adapted or specialized equipment or furniture.

**7.1.1 Requests for telephone or telecommunications equipment.** A request for specialized or adapted telephone equipment may include, but not be limited to: a teletypewriter for the deaf (TTY), videophone, amplified handset, flashing alarms, or hands-free headsets. All requests that impact the telephone system must be approved by the Department of Budget and Finance-ICSD on a Telecom Request (TR) form. Submit a TR request form indicating the desired change, indicate in the section requiring a justification for the expenditure, that such request is "to provide reasonable accommodation for an employee with a disability" and attach the approved Reasonable Accommodation Form RA-1 to the TR form. Once approved, a purchase order may be processed. An example of a request is included as **ATTACHMENT 7-A**.

**7.1.2 Requests for computer equipment.** Requests for computer equipment may include, but are not limited to: voice output, mouse or joystick controls, head controls, or Braille printers. The employer should follow normal computer request procedures, as outlined by the Department of Budget and Finance. When the request for computer equipment is the result of a request for reasonable accommodation, the justification request should annotate that such request is "to provide reasonable accommodation for an employee with a disability" and attach the approved Reasonable Accommodation Form RA-1 to the T-205 form. Once approved, a purchase order may be processed or payment made through pCard. An example of an approval request is included as **ATTACHMENT 7-B**.

**7.1.3 Requests for other furniture or equipment.** Requests for furniture or equipment, other than a phone or computer, include, but are not limited to: an adapted desk or workstation, specialized chair, evacuation chair, mobility device for traveling, Braille machine, large print typewriter, audio cassette machine, or infrared loops or other amplification systems. The employer should follow normal equipment or furniture acquisition procedure, including gathering all necessary approvals. When the requests for furniture or equipment is the result of a request for reasonable accommodation, the

justification should annotate that such request is "to provide reasonable accommodation for an employee with a disability" and attach the approved Reasonable Accommodation Form RA-1 to the request. Once approved, a purchase order may be processed or payment made through pCard.

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## **7.2 Request for modification of the physical premises**

Requests for modification of the physical premises may include, but are not limited to: installation of a ramp, change in door or control hardware, installation of tactile signage, widening of doorways, installation of grab bars, and modification of restroom facilities.

**7.2.1 Space in State-owned buildings.** The Department of Accounting and General Services (DAGS) manages many State-owned buildings. If the hiring authority wishes to modify DAGS-controlled premises, notify DAGS Central Services Division, of the request in writing, following normal Departmental procedures. No special form is required. An example of a request is included as **ATTACHMENT 7-C**. In the request, indicate that such request is "to provide reasonable accommodation to an employee with a disability" and attach the approved Reasonable Accommodation Form RA-1 to the request. The Central Services Division of DAGS shall make a determination if they are able to do the work themselves. Minor building alterations can often be done by the Central Services Division staff "in-house" or by contracting the work out to a private contractor. If so, they will notify the employer and schedule the job. Depending on the complexity of the job, architectural plans may or may not be required. If the work is beyond the capability of "in-house" staff, Central Services shall refer the request to the Public Works Division of DAGS to seek the services of a consultant. Plans and specifications must be prepared either by in-house staff or private consultants. Based upon the specific site, the nature and cost of the modification, a portion of the costs may have to be borne by the agency.

NOTE: If a building is owned by the State but managed by another Department (Health, University of Hawai'i, Labor and Industrial Relations, Transportation, Education, etc.) then each Department will have its own procedures to request modification of its buildings, facilities, or sites. All state and county buildings, facilities, or sites regardless of management must have their construction plans reviewed by the Disability and Communication Access Board, per Hawai'i Revised Statutes §103-50.

**7.2.2 Space in leased, private buildings.** State offices located in leased, private buildings are not managed by any State agency. Therefore, modification of the physical premises becomes a process of negotiation with the respective landlord. Convey the request for the modification to the landlord. The request should be in writing for appropriate documentation, especially if the request is denied. If the request is not approved, contact DAGS Leasing Branch, in writing. The request shall include a copy of the written request to the landlord and the approved RA-1 Form. No special form is



required. An example of a request is included as **ATTACHMENT 7-D**. DAGS Leasing Branch shall subsequently continue

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negotiations with the landlord, which may include an amendment to the existing lease. Based upon the specific lease, the nature and cost of the modification, a portion of the costs may have to be borne by the agency.

**7.2.3 Request for accessible parking.** Employees who have a mobility disability and who possess a "parking permit for persons with disabilities" issued by the County, have priority for employee parking from the DAGS Parking Control Branch in lots under their jurisdiction, per Administrative Rules under Title 3, Chapter 30. However, parking is limited and the State is not required to displace an employee nor to exceed capacity control in order to provide parking for a person with a disability. To request such parking, notify DAGS Parking Control Branch, in a written request, through the Department's Parking Coordinator. No special form is required. An example of a request is included as **ATTACHMENT 7-E**. The request shall include an approved RA-1 Form and a copy of the "parking placard designated for persons with disabilities" issued by the County. DAGS will make every effort to find a parking space usable by the individual, although such a parking space may not necessarily conform to the requirements for accessible public parking, and will notify the Department of its decision.

### **7.3 Requests for services involving personnel**

Requests for services involving personnel include, but are not be limited to: a communication access provider, a reader/notetaker, mobility aide, or personal assistant.

**7.3.1 Requests for communication access providers.** The function of a communication access provider (i.e., Sign Language interpreter, computer assisted notetaker, or real time captioner) is to provide effective communication between a Deaf or hard of hearing person and a hearing person. A Deaf or hard of hearing individual utilizes his or her preferred method of communication (i.e., American Sign Language, English, or other variation) to bridge spoken and visual communication. The Deaf or hard of hearing employee will request the type of communication access provider that he or she prefers or feels the most comfortable using.

Every employee situation is distinct because every person with a disability (and in this instance, a person who is Deaf or hard of hearing) will be in a unique job. While recognizing that every accommodation must be individualized, **ATTACHMENT 7-F** is a sample of a job description for a Sign Language interpreter. The sample is for a State classified position, should the employer elect to utilize a State position to provide interpreting services.

If the employer hires a communication access provider on a fee-for-service basis, the Disability and Communication Access Board (DCAB) recommends using a fee schedule as

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recommended, in Hawai'i Administrative Rules, Title 11, Chapter 218. Information on the current recommended fee schedule and procedures for utilizing an interpreter can be obtained by calling DCAB or visiting it's web site at [www.hawaii.gov/health/dcab/](http://www.hawaii.gov/health/dcab/) and clicking on the communication access link.

**7.3.2 Requests for readers, notetakers, or mobility aides.** The function of a reader, notetaker, or mobility aide is to provide visual interpretation or mobility guidance to a person who is blind or visually impaired due to functional limitations of his or her sight.

Every employee situation is distinct because every person with a disability (and in this instance, a person who is blind or has low vision) will be in a unique job. While recognizing that every accommodation must be individualized, **ATTACHMENT 7-G** is a sample of a job description for a reader assistant, notetaker, or mobility aide. The sample is for a State classified position, should the employer elect to utilize a State position to provide the services.

The employing agency may prefer to hire a person on a fee-for-service basis. There is no State fee schedule for reader assistant or notetaker established in Administrative Rules. Guidance on fee schedules is available by contacting the Disability and Communication Access Board (see **ATTACHMENT 5-E**).

**7.3.3 Requests for personal assistants.** The function of a personal assistant is to perform the physical functions for a person with a mobility impairment. Such assistance might include taking dictation, assisting with typing, filing and retrieving items for a person who is paralyzed or who has limited use of their arms or hands.

Every employee situation is distinct because every person with a disability (and in this instance, a person who has a mobility limitation) will be in a unique job. While recognizing that every accommodation must be individualized, **ATTACHMENT 7-H** is a sample of a job description for a personal assistant. The sample is for a State classified position, should the employer elect to utilize a State position to provide the services.

The employing agency may prefer to hire a person on a fee-for-service basis. There is no State fee schedule for personal assistants established in Administrative Rules. Guidance on fee schedules is available by contacting the Disability and Communication Access Board (see **ATTACHMENT 5-E**).

**7.3.4 Personnel options.** There are several options that may be pursued to provide reasonable accommodation in the form of personnel services. The options include using

current staff, bringing into the work environment a new person, or hiring a person on a fee-for-service basis.

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There is no right or wrong option. Guidelines for programs when selecting among personnel options for support services are included in **ATTACHMENT 7-I**. The options and their advantages and disadvantages are described below:

**7.3.4.1 Services to be performed by an existing employee.** An existing employee in the office may perform services by reallocating a portion of that person's time to assist the employee with a disability. This option is often, but not always, used by allocating clerical staff time to read, file, or otherwise assist an individual with a disability. This option may involve setting aside a specified period of time daily to assist an employee (e.g., one (1) hour in the morning and one (1) hour in the afternoon to read for an employee who is blind) or by asking an employee to interrupt his or her work periodically, as needed to assist an employee (e.g., retrieve items for an employee who has quadriplegia).

The advantages to providing services by an existing employee are familiarity with the program, knowledge of the substantive content of the materials involved, consistency, speed of implementation, and the minimizing of additional paperwork to recruit a non-program person. The disadvantages are the loss of that employee's time performing their regular job function and the dependence on that employee to have a similar vacation or leave schedule as the employee with a disability.

**7.3.4.2 Services to be performed by a new hire.** Hiring a new employee, either through the civil service or exempt hire process, to perform services may be an option. The latter process is usually the faster of the two options, although not always possible in some programs. The option of hiring a new employee is used primarily when the amount of time required from an existing employee would result in disruption on the program due to that employee's inability to perform his or her own job function.

The advantage to providing services by hiring a new employee is not taking away from an existing employee's work and minimizing the impact on current office staff. The disadvantages are the slowness in paperwork to obtain such a position, and the resultant problems of having potential downtime for the new employee when the employee with a disability is on leave or having no work for the new employee if the individual with a disability were to leave the position.

**7.3.4.3 Services to be performed on a fee-for-service basis.** Services may be performed by hiring a person outside the office on a fee-for-service basis, rather than as a State employee. This option is often used when the need for services is sporadic or unpredictable, or can be

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performed interchangeably by various persons (e.g., Sign Language interpreter).

The advantages to providing services by hiring a person on a fee-for-service basis is the flexibility in scheduling services and the ability to terminate services easily when they are no longer needed or satisfactory to the person with a disability. The disadvantages are finding persons who are willing to work on a freelance basis, since such work is without state benefits (e.g., medical benefits), paying an hourly rate higher than that which would be provided to a State employee for similar services, and verifying independent contractor status per DAGS.

The fee schedule paid to an individual providing the above services is to be determined by the hiring authority. However, the hiring authority should recognize that the above position descriptions could be performed at various levels, from simple to complex. Payment for services rendered should be adjusted according to the skill level of the person providing the accommodation or assistance.

Communication access providers, reader assistants, personal assistants, or other personnel when utilized on a fee-for-service basis, must be independent businesspersons with a General Excise Tax license. **ATTACHMENTS 7-J, 7-K, and 7-L** are sample purchase orders prepared by the hiring authority to pay for such services, with a corresponding bill for services from the person providing the accommodation. The hiring authority may use these samples to facilitate the purchase order payment process.



# TELECOM REQUEST

FOR ICSD USE ONLY

Phone / Data / HT / A.C. / Radio / CESU / User

TR #:


1. Date: (1)		2. Req. Service Date: (2)		3. User Agency #: (3)	
To: DAGS / ICSD / TSB Keoni Ana Building 1177 Alakea Street, Room 201 Honolulu, HI 96813			4. Requestor: Name: (4) Title: (4) Phone: (4) Fax: E-Mail: (4)		
5. From: Department: Division: (5) Branch:			6. Local Contact Person: (If different from requestor) Name: (6) Phone: (6) Fax: E-Mail: (6)		
7. Billing: <input type="checkbox"/> Use Existing <input type="checkbox"/> Create New <input type="checkbox"/> Change HT Account #: Bill Name: (7) Bill Address: (7) City, St, Zip:			8. Location of Service: (Service Address) Bldg., & Rm: Address: (8) City, St, Zip: (8) Island: Oahu Nearest Working #:		
9. Description: (Attach Quotations, Floor Plans, Brochures, etc. Use additional sheets as required) (9)					
10. Justification: (10)					
11. Radio Only - # of radios presently held:			12. Vendor (if not Haw Tel): (11)		
13. Appropriation Code: (12)					
14. Estimated Costs: INSTALLATION \$ (13) OTHER \$ TOTAL \$					
15. Departmental Approvals: (14)					
Department Authorization Signature		Title		Phone Date	
(15)					
Department Telecom Coordinator Signature		T.C. E-Mail address		Phone Date	
16. ICSD Approvals: (Approval subject to procurement in accordance with Hawaii Revised Statutes) Received by ICSD/TSB					
Reviewed by: (16) Signature Date					
Approved by: (17) Signature - Manager, Telecom Services Branch Date					
<input type="checkbox"/> RETURNED NOTES:					
<input type="checkbox"/> DISAPPROVED					

**ATTACHMENT 7-A**

**Instructions for Completing TR Form 1**

1. Date that the request is submitted.
2. Date service is requested to start.
3. Number the user agency assigns for its internal tracking.
4. Name, title, phone, fax and e-mail address of person responsible for request.
5. Department, Division, Branch of the agency submitting the request.
6. Complete only if the person is different from the requestor in item #4.
7. Fill name and address to which vendor bills should be sent to. This may or may not coincide with existing billing.
8. Location where the service is to be installed.
9. Briefly describe the work being requested, i.e., a new B1 (Business Individual) line, or phone system, etc.
10. Briefly describe the need for the request, i.e., personnel addition, improving service, new program, etc.
11. Use only if vendor is not Hawaiian Telcom, otherwise leave blank.
12. Fill in department appropriation account or symbol from which funding for the request will be obtained.
13. The estimated installation, other, and total costs associated with request.
14. Signature of Division Head (or official designee), title, phone, date.
15. Signature of department telecom coordinator upon concurrence, date of signature, e-mail address, and phone number.
16. Signature of reviewer, date.
17. Signature of Telecom Branch and Central Services Division, date.

## ATTACHMENT 7-A

 <h1>TELECOM REQUEST</h1>		<b>FOR ICSD USE ONLY</b>	
		Phone / Data / HT / A.C. / Radio / CESU / User TR #:	
1. Date: 7/1/2012		2. Req. Service Date: 8/1/2012	
3. User Agency #: xxxxx			
<b>To:</b> DAGS / ICSD / TSB Keoni Ana Building 1177 Alakea Street, Room 201 Honolulu, HI 96813		<b>4. Requestor:</b> Name: xxxxx Title: xxxxx Phone: xxx-xxxx Fax: xxx-xxxx E-Mail:	
<b>5. From:</b> Department: xxxxx Division: xxxxx Branch: xxxxx		<b>6. Local Contact Person:</b> (If different from requestor) Name: xxxxx Phone: xxx-xxxx Fax: xxx-xxxx E-Mail: xxxxx	
<b>7. Billing:</b> <input checked="" type="checkbox"/> Use Existing <input type="checkbox"/> Create New <input type="checkbox"/> Change HT Account #: xxxxx Bill Name: xxxxx Bill Address: xxxxx City, St, Zip: xxxxx		<b>8. Location of Service:</b> (Service Address) Bldg., & Rm: xxxxx Address: xxxxx City, St, Zip: xxxxx Island: Oahu Nearest Working #: xxx-xxxx	
<b>9. Description:</b> (Attach Quotations, Floor Plans, Brochures, etc. Use additional sheets as required) Request to purchase a teletypewriter for the deaf (TTY) and/or videophone from vendor. TTY and/or videophone is located at the Department of _____ to be used by an employee with a hearing impairment. Installation of a DSL (Static) for videophone			
<b>10. Justification:</b> To provide reasonable accommodation to an employee with a disability.			
11. Radio Only - # of radios presently held:		12. Vendor (if not Haw Tel): xxxxx	
13. Appropriation Code: xxxxx			
14. Estimated Costs: INSTALLATION \$ XXXXX OTHER \$ TOTAL \$ XXXXX			
15. Departmental Approvals:			
Department Authorization Signature		Title	Phone Date
Department Telecom Coordinator Signature		T.C. E-Mail address	Phone Date
<b>16. ICSD Approvals:</b> (Approval subject to procurement in accordance with Hawaii Revised Statutes)			
Reviewed by:		Received by ICSD/TSB	
Signature		Date	
Approved by:		Date	
Signature – Manager, Telecom Services Branch		Date	
<input type="checkbox"/> RETURNED			
NOTES:			
<input type="checkbox"/> DISPPROVED			





# **ICSD-001 TELECOM REQUEST INSTRUCTIONS**

This form is used by departments and agencies to purchase telecom equipment and services (includes HATS and NGN contracts). It is also used to request purchase approval from ICSD. Specific questions should be addressed to the agency's Telecom Coordinator or ICSD Telecom Services Branch.

ICSD APPROVAL	ICSD APPROVAL NOT REQUIRED
<b>TELEPHONES</b> a) Adds (install dial tone, jacks, & wiring), moves, changes (software, billing), disconnects b) Purchasing single & multi-line phones, ISDN phones, headsets, TTYs, cordless phones, Key Systems, PBXs, Hybrids, phone accessories c) Voice mail, ISDN BRI, DSL d) CAT5e/6 horizontal cabling, jacks, patch panels/backs, cable supports, cabinets/equipment racks, etc. e) Automatic answering devices, maintenance or lease contracts f) Blocking or unblocking long distance dialing  <b>RADIOS</b> a) Handheld transceivers (walkie-talkie) and mobiles b) Base Station repeaters c) Microwave, maintenance contracts, d) Relocation of fixed transmitters.  <b>VIDEO</b> Teleconferencing equipment, CATV (Cable Television)  <b>DATA</b> a) Telecom equipment including routers, switches, FW, CSU/DSU, modems, multiplexers, line drivers couplers, etc. b) Infrastructure items including fiber, Cat5e/6, patch panels, coax cabling, equipment racks, etc. c) Carrier services – installs, moves, upgrades, disconnects d) Frame Relay, DS-1, DS-3, ISDN PRI	<b>TELEPHONES</b> a) Cellular phones b) Pagers  <b>RECORDERS</b> Audio (voice, music), Video (VHS, DVD)  <b>PUBLIC ADDRESS</b> Microphone, audio amplifiers, loud speakers, intercoms  <b>RADIOS</b> a) AM/FM receivers, shortwave sets, scanners b) Hi-Fi equipment, pagers, GPS, EPIRB c) FRS radios will not be approved  <b>VIDEO</b> Receiver, recorder, camera, closed circuit, amplifier  <b>DATA</b> a) Internet services thru private ISP b) Dial-up modems, facsimile  <b>PROJECTORS</b> Slide, movie, overhead

**This form must be typewritten with original signatures.**

- DATE:** Date that the request is submitted. Format = mm/dd/yyyy.
- REQ. SERVICE DATE:** Date service is requested to start (no assurances can be given that this date can be accommodated). Format = mm/dd/yyyy.
- USER AGENCY #:** Number the user agency assigns for its internal tracking.
- REQUESTOR:** Name, title, phone, fax and e-mail address of the person responsible for the request.
- FROM:** Department, Division, Branch of the agency submitting the request.
- LOCAL CONTACT PERSON:** (Only if the person is different from the Requestor in item #4, otherwise leave blank). Name, phone number, fax and e-mail address of the person at the service location. This is an individual that an installer or service provider would contact to gain access to the service location.
- BILLING:** (This section MUST be completed for requests to be approved.)
  - Using the check-boxes, indicate if the services on this request will:
    - Use Existing** (Service will be billed to an existing account)
    - Create New** (A new billing account should be created for this service)
    - Update** (The billing information should be corrected/updated as indicated)
  - HT Account #:** (For Hawaiian Telcom related services only) Indicate the Hawaiian Telcom 15 digit account number to which this service should be billed.
  - Bill Name:** The billing name listed on the account (or) the NEW/ UPDATED name that should be used on the bill. (The bill name should include a reference to the DEPARTMENT, DIVISION, BRANCH & LOCATION where the service is located; especially if bills are mailed to locations OTHER than the service location.) (Example: HSG/LNR/BOATING – HEEIA)
  - Bill Address:** The street address (including room or suite number) or PO Box to which the billing statement should be sent. It's helpful to use street addresses and room numbers to avoid delays that general Department PO Box addresses may cause.
  - City, ST, Zip:** City, State and Zip+4 Code of the billing address.
- LOCATION OF SERVICE:** The location where the service is to be installed. Include the street address, building name (or designation), room/unit/suite/cube number, city, state, zip code and select the appropriate island. Include the nearest working telephone number in the box provided.
- DESCRIPTION:** The description of work to be done. Attach additional sheets, floor plans, quotations and brochures as necessary to describe your request.
- JUSTIFICATION:** A narrative providing justification for the request.
- RADIO ONLY - # of radios presently held:** Indicate the number of existing radios held by the agency. (Differentiate between Mobile and Portable radios).
- VENDOR** (if not HawTel): Use only if the vendor is not Hawaiian Telcom, otherwise leave blank.
- APPROPRIATION SYMBOL CHARGED:** The appropriation symbol(s) (Coding string) that is/are associated with the request. (If additional space is needed, include in the DESCRIPTION or on an additional page.)
- ESTIMATED COSTS:** The estimated installation, other, and total costs associated with this request. Attach Quotations, Proposals, Diagrams or Brochures to substantiate these amounts (attach additional sheets as may be required.). Estimates should be within 10% of the actual costs or else Hawaiian Telcom will require the TR to be amended.
- DEPARTMENTAL APPROVALS:**
  - Department Authorization Signature:** ALL Telecom Requests require an approving signature from a Division Head (or official designee). Signature, Title, Phone Number, & Date signed are required. Only original signatures will be accepted.
  - Department Telecom Coordinator Signature:** ALL Telecom Requests require an approving signature from the Department's Telecom Coordinator. Signature, E-mail Address, Phone Number, & Date signed are required. Only original signatures will be accepted. This signature needs to be on file with ICSD - Telecom Services Branch, otherwise your request will be returned.

## ATTACHMENT 7-A

### Miniprint 225 TTY



The Miniprint 225 is used acoustically by placing the headset into the TTY's acoustic couplers. Acoustic use is convenient when an extra telephone jack is not handy or in environments which do not support an analog phone connection.

The miniprint 225 includes Turbo Code, which lets you control the speed of your conversations. With Turbo Code, you can have "real-time" conversations with no delays. You can also interrupt one another.

1. Built-in, 24-character printer
2. 3 selectable print sizes
3. Turbo Code® and Auto ID™
4. E-Turbo for simplified relay calling\*\*
5. Sticky key feature (for single-handed typing)

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## ATTACHMENT 7-A

### VIDEOPHONE



A videophone is a telephone with a video display, capable of simultaneous video and audio for communication between people in real-time.

The videophone is particularly useful to people who are deaf or hard of hearing who communicate with sign language. Videophones are becoming increasingly popular for telemedicine and to individuals with mobility issues.


The Sorenson VP-200® videophone, designed especially for use by deaf individuals, delivers high quality video and many exclusive features. Through a high-speed Internet

connection, deaf individuals use the videophone and a TV to place SVRS calls that are routed to a video relay interpreting center.



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**ATTACHMENT 7-B**

 <b>INFORMATION AND COMMUNICATION SERVICES DIVISION</b> <b>COMPUTER HARDWARE OR SOFTWARE REQUEST</b>							
1. REQUEST CLASS <input type="checkbox"/> Budgeted <input type="checkbox"/> Unbudgeted						2. DEPT. REQUEST NO. <b>XXXXX</b>	
3. DEPARTMENT/DIVISION/BRANCH Health/State Council on Developmental Disabilities						4. PROG ID/ORG. CODE	
5. REQUESTOR'S NAME Waynette Cabral			6. TELEPHONE 586-8100		7. REQUEST DATE 1-Jul-04		8. TYPE OF ACQUISITION (CHECK ONE OR BOTH) <input type="checkbox"/> HARDWARE <input type="checkbox"/> SOFTWARE
9. ITEMS TO BE ACQUIRED (A LIST MAY BE ATTACHED IF THERE IS NOT ENOUGH SPACE)							
LN	MOF	MANUFACTURER	MODEL	DESCRIPTION	QTY	UNIT COST	TOTAL COST/ITEM
1	C	IBM	30	Logitech MS900 Bluetooth Wireless Optical Mouse	1	83.99	83.99
1	C	IBM	30	Fellowes Gel Mouse Rest and Pad	1	15.99	15.99
10. ANNUAL MAINTENANCE COST						SUBTOTAL	
11. FUNDING SOURCE						99.98	
12. MANDATED by LAW: Is the acquisition of the requested items required by any Federal, State, or County laws, regulations, and/or statutes. Check Yes or No. <span style="color: red;">If Yes, Explain below</span>						SHIPPING & HANDLING	
<input checked="" type="checkbox"/> <b>YES</b> Under Section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990, providing reasonable accommodation for an employee with a disability to perform the essential functions of the job is required.  <input type="checkbox"/> <b>NO</b>						TAX	
						4.00	
						GRAND TOTAL	
						109.97	
13. EXPLAIN HOW THE HARDWARE/SOFTWARE WILL BE USED. INCLUDE A BRIEF DESCRIPTION OF THE SYSTEM. IF ACQUISITION IS A REPLACEMENT OR EXPANSION TO EXISTING HARDWARE/SOFTWARE, EXPLAIN WHY.						14. TAX RATE USED	
The wireless mouse attachment, wrist rest and mouse pad for a previously acquired IBM PS2 Model 30 personal computer is to provide reasonable accommodation to an employee with a disability.						0.04	

## ATTACHMENT 7-B

15. DESCRIBE THE EXPECTED BENEFITS TO THE STATE IF THIS ACQUISITION IS APPROVED.	16. REQUEST DATE <b>1-Jul-04</b>	17. DEPT. REQUEST NO. <b>XXXXX</b>
18. WILL THE HARDWARE/SOFTWARE USE THE STATE'S TELECOMMUNICATION INFRASTRUCTURE, OR FACILITIES MAINTAINED OR MANAGED BY ICSD? IF YES, PLEASE EXPLAIN.		
19. RECOMMENDATION OF USER AGENCY DP COORDINATOR. SIGNATURE & DATE		
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	/ /
20. ACTION OF REQUESTOR'S DEPARTMENT HEAD. SIGNATURE & DATE		
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	/ /
21. ADMINISTRATOR, ICS DIVISION. SIGNATURE & DATE		
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	/ /
22. STATE COMPTROLLER. SIGNATURE & DATE		
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	/ /
23. CHIEF INFORMATION OFFICER. SIGNATURE & DATE		
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	/ /

**ATTACHMENT 7-B**

<p><b>ICSD-205 COMPUTER HARDWARE OR SOFTWARE REQUEST</b> <b>Instructions</b></p>
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**A. When Used**

This form is prepared by agency personnel to request approval to purchase computer hardware or software. When requesting Consultant Services for the hardware or software, the Comptroller's and Governor's approvals are required. In such an instance, submit separate memos for consideration.

**B. General**

This form is an Excel spreadsheet that consists of two worksheets: ICSD-0205A and ICSD-205B. Both spreadsheets must be completed and submitted together. This form must be completed for all computer hardware and software requests. After securing approval signatures within the user's agency, the form is to be submitted to: Division Administrator Information and Communication Services Division Kalanimoku Building, B-10 Upon approval, the ICSD Administrator will forward the request to the Comptroller for action.

**C. Forms Items Usage:**

**ICSD-205 Part-A**

1. **REQUEST CLASS.** Select either the Budgeted or Unbudgeted box. Do not select both. Left double-click the selected box to bring up the Format Text Box message window. Click the Colors and Lines tab. Under Fill Color: Click the down arrow to view the color palate. Select the color black then click OK.
2. **DEPT REQUEST NO.** A unique number to identify the request. The format of the number is X999 where X is the departmental Project Management System (PMS) code and 999 is the number assigned by the submitting agency. (e.g. A001, K321, X106, etc.) The number that is entered in this box is automatically entered in the corresponding box in ICSD-205 Part-B (item 15).
3. **DEPT/DIV/BR.** The name of the department, division and branch of the agency making the request.
4. **PROG ID/ORG CODE.** The specific budget Program Identification and Organization Code for which funds have been appropriated for the resources being acquired.
5. **REQUESTOR'S NAME.** The name of the person submitting the request.

6. **TELEPHONE.** The phone number and extension of the person submitting the request.
7. **REQUEST DATE.** The date the request was submitted. Format: mmm dd, yyyy.
8. **TYPE OF AQUISITION.** Select either or both of the Hardware and Software boxes. Left double-click the selected box to bring up the Format Text Box message window. Click the Colors and Lines tab. Under Fill Color: Click the down arrow to view the color palate. Select the color black then click OK.
9. **ITEMS TO BE ACQUIRED.**
  - **LN.** The line number to make it easy to identify each item requested. Begin the line number with “1”. If several items are treated as a unit, e.g. a PC, monitor, and printer, treat them as one line number. Multiple units of the same item may be treated as one line number.
  - **MOF.** The Means Of Financing which is the source of funds used to acquire the items associated with the line number. The codes are A = General Funds; B = Special Funds; C = Federal Funds; and W = Revolving Funds.

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## **ATTACHMENT 7-B**

- **Manufacturer.** The company that made the product or in the case of software, the vendor who licensed the product.
  - **Model.** The model number (if any) of the piece of hardware or software being acquired.
  - **Description.** A brief description of the hardware or software being acquired, including product name, version, and release number.
  - **Qty.** The number of units of the individual hardware, software products, or components.
  - **Unit Cost.** The purchase price for one unit or item to be acquired.
  - **Total Cost/Item.** The extension of Qty multiplied by Unit Cost for the line item. Automatically calculated.
  - **Subtotal.** The sum of the Total Cost/Item for all lines on the page. Automatically calculated.
  - **Tax.** The amount of the taxes automatically calculated based on Tax Rate Used, item # 14.
  - **Shipping & Handling.** The total cost of shipping and handling for all line items on the page.
  - **Grand Total.** The sum of the Subtotal, Tax, and Shipping and Handling. Automatically calculated.
10. **ANNUAL MAINTENANCE COST.** The cost of annual maintenance for the items requested. If there is no maintenance, enter “0.00”.

11. **FUNDING SOURCE.** The specific budget program from which funds will be used to acquire the resources requested. The format is: G-FY-999-X, where G is the fund code, FY is the fiscal year and 999-X is supplied by the Branch or Agency Fiscal Officer. Example: G-03-001-M
12. **MANDATED BY LAW.** Select either the NO or YES checkbox, not both. Left double-click the selected box to bring up the Format Text Box message window. Click the Colors and Lines tab. Under Fill Color: Click the down arrow to view the color palate. Select the color black then click OK. If YES, enter a detailed narrative that explains why the requested items are required by or supported and cite any Federal, State, or County laws, regulations, and/or statutes that apply.
13. **EXPLANATION.** The description of how hardware and/or software will be used. Include a brief description of the system. If the acquisition is a replacement or expansion to existing hardware and/or software, explain why.
14. **TAX RATE USED.** Enter the tax rate used. This rate is used to automatically calculate the tax that appears in Item # 9. If no tax enter .00 (zero).

#### **ICSD-205 Part-B**

15. **BENEFITS.** The description of the expected benefits to the State if the acquisition is approved.
16. **REQUEST DATE.** The date the request was submitted. Format: mmm dd, yyyy.
17. **DEPT REQUEST NO.** This box is automatically completed with the same number that was entered as item #2 on ICSD-205 Part-A of the request.
18. **TELECOM INFRASTRUCTURE.** Select either the NO or YES box, not both, to indicate that the hardware and/or software will or will NOT use ICSD telecommunications infrastructure or facilities. If YES, enter a detailed explanation.
19. **RECOMMENDATION OF USER.** Reserved for user agency signature and date of approval/disapproval.
20. **ACTION OF REQUESTOR'S DEPT HEAD.** Reserved for the Requestor Department Head's signature and date of approval/disapproval.
21. **ADMINISTRATOR, ICS DIV.** Reserved for the ICSD Administrator's signature and date of approval/disapproval.
22. **STATE COMPTROLLER.** Reserved for the Comptroller's signature and date of approval/disapproval.

ICSD-205i (Rev 06/01/2003)



The following is a sample letter from a program to the Comptroller requesting modification to a State-owned premise. Underlined text is to be individualized to the request.

(DATE)

MEMORANDUM

TO: The Honorable \_\_\_\_\_ (Name)  
Comptroller, Department of Accounting and General Services

FROM: Name, Title  
Department of \_\_\_\_\_

VIA: Name  
Director, Department of \_\_\_\_\_

SUBJECT: Request to Provide Reasonable Accommodation by Modifying Physical  
Premises at Project, Building Name

We respectfully request your approval to give description of modification of/to the name  
of building, including room number, etc.

The purpose of the renovation/modification is to give explanation of proposed use of  
area and justification for the modification.

Provide information on how the cost of the project will be handled, ex. federal funds, or  
indicate whether you want to request a cost estimate before commencing with  
construction. If possible, give a timeframe.

Should you have questions regarding this request, please call name of contact, title,  
telephone number.

Thank you for your consideration of this request.

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**ATTACHMENT 7-D**

The following is a sample letter from a program to the Comptroller requesting modification to a privately owned premise where a State program is located. Underlined text is to be individualized to the request.

(DATE)

MEMORANDUM

TO: The Honorable \_\_\_\_\_ (Name)  
Comptroller, Department of Accounting and General Services

FROM: Name, Title  
Department of \_\_\_\_\_

VIA: Name  
Director, Department of \_\_\_\_\_

SUBJECT: Request to Provide Reasonable Accommodation by Modifying Physical  
Premises at Building Name

We respectfully request your approval to give description of modification of/to the name  
of building, including room number, etc.

The purpose of the renovation/modification is to give explanation of proposed use of  
area and justification for the modification.

Provide information on contact person who represents the private facility, i.e., owner,  
lessor (landlord), building manager. Also include terms of the lease. State whether or  
not you have approached the private facility to make the modifications and, if so, what  
was the nature of the response.

Provide information on how the cost of the project will be handled, ex. federal funds, or  
indicate whether you want to request a cost estimate before commencing with  
construction. If possible, give a timeframe.

Should you have questions regarding this request, please call name of contact, title,  
telephone number.

Thank you for your consideration of this request.

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**ATTACHMENT 7-E**

The following is a sample letter from a program to the Comptroller, requesting parking. Underlined text is to be individualized to the request. Note that parking requests by employees must be submitted to the Department/Agency Parking Coordinator. The Department's Parking Coordinator, in turn, prepares the memorandum request to the

Automotive Management Head for approval.

(DATE)

MEMORANDUM

TO: \_\_\_\_\_ (Name) \_\_\_\_\_, Division Head  
Automotive Management Division  
Department of Accounting and General Services

FROM: Name, Parking Coordinator  
Department of \_\_\_\_\_

SUBJECT: Request to Provide Reasonable Accommodation by Providing Accessible  
Parking for Name of State Employee

We respectfully request your approval to provide an accessible parking stall for name of employee, position number \_\_\_\_\_, who is employed by name of program/division. Provide brief description of employee's need for accessible parking and include Form RA-1.

Provide employment start date (or date when parking is needed and any other pertinent information).

Should you have questions regarding this request, please call name of contact, title, telephone number.

Thank you for your consideration of this request.

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**ATTACHMENT 7-F**

**POSITION DESCRIPTION**

Sign Language Interpreter

**I. Introduction**

This position serves as a Sign Language Interpreter for an employee who is Deaf, as part of reasonable accommodation. The Deaf employee for whom the interpreter services are to be performed functions as a (position title) for the (agency name), (position number).

**II. Major Duties and Responsibilities**

The major duties of this position are to assist the Deaf employee in the performance of his/her duties and responsibilities by performing interpretation and other clerical services due to the employee's preferred method of communication. The position will assist the Deaf employee and is intended to complement, rather than to supplant the performance of the essential responsibilities of the Deaf employee.

The specific duties and responsibilities are as follows:

Interprets/transliterates using sign language in various settings including: telephone conversations, staff meetings, in-service training, community meetings and/or conferences attended by staff, and meetings with walk-in visitors.	50%
Proofreads and edits, as needed, draft documents or correspondence generated by the Deaf employee for accuracy and proper grammar.	30%
Assists with other general office functions such as photocopying, collating, answering telephone calls, filing, etc.	10%
Prepares activity reports for the number of hours of interpreting.	05%
Works on other activities as assigned by the supervisor.	05%

**III. Knowledge of:** The Professional Code of Conduct established by the National Registry of Interpreters for the Deaf, Inc. (RID)/National Association of the Deaf (NAD), or from the Hawai'i Quality Assurance System (HQAS), depending upon credential held. Uses both formal and informal registers of English and American Sign Language; Business English; spelling; arithmetic; the operation of common office appliance and equipment; office practices and procedures.

**Ability to:** Read and understand detailed instructions and other similar written material; convey information orally, in writing and in sign language; operate various common office appliances; and deals with others in a tactful and polite manner.

#### **IV. Minimum Qualification Requirements:**

- a. Current national RID/NAD certification (Comprehensive Skills Certificate, Certificate of Transliteration and Certificate of Interpretation, NAD Level IV or V, or National Interpreting Credential), or local credential of HQAS IV or V.
- b. One year of general clerical experience.

#### **V. License and/or Certification Requirements:**

Holds valid certification from the National Registry of Interpreters for the Deaf (RID)/National Association of the Deaf (NAD), or local credential from the Hawai'i Quality Assurance System (HQAS).

## POSITION DESCRIPTION

### Reader Assistant

#### I. Introduction

This position serves as a reader/assistant for an employee who is visually impaired, as part of reasonable accommodation. The employee for whom the reader/assistant services are to be performed functions as a (position title) for the (agency name), (position number).

#### II. Major Duties and Responsibilities

The duties of this position are to assist the visually impaired employee in the performance of his/her duties and responsibilities of the office by performing reading and other assistance services due to the visual impairment of the employee. The position will function as an assistant to the employee and is intended to complement rather than to supplant the performance of the essential responsibilities of the visually impaired employee.

The specific duties and responsibilities are as follows:

Reads selected correspondence and other pertinent materials to the employee who is visually impaired, as directed. Reads correspondence either face-to-face or translates onto cassette tape for later listening. Prepares selected documents in Braille or large print format, as needed. 30%

Performs filing tasks, including maintaining files, labeling and recovering information from files, as needed. 20%

Assists with other general office functions such as photocopying, collating, addressing, and mailing items, obtaining documents from the library, etc., as needed. 15%

Acts as a sighted guide for the employee who is visually impaired when travel outside the office to attend meetings, workshops, or seminars, is required as part of the job. 15%

**III. Knowledge of:** Business English; Braille; spelling; arithmetic; the operation of common office appliance and equipment; office practices and procedures.

**Ability to:** Read and understand detailed instructions and other similar written material; convey information orally, in writing and in Braille; operate various common office appliances; and deals with others in a tactful and polite manner.

## POSITION DESCRIPTION

Personal Assistant

### I. Introduction

This position serves as a personal assistant for an employee with cerebral palsy, as part of reasonable accommodation. The employee for whom the personal assistant services are to be performed functions as a (position title) for the (agency name), (position number).

### II. Major Duties and Responsibilities

The duties of this position are to assist the employee with cerebral palsy in the performance of the duties and responsibilities of the office by performing writing, typing, and other tasks requiring physical dexterity to assist when motor limitations hinder the person from performing the task by himself or herself. This position functions as an assistant to the employee, and is intended to complement rather than supplant the performance of essential responsibilities of the employee.

The specific duties and responsibilities are as follows:

Performs typing, maintaining files, labeling and recovering information from files. Takes dictation.	40%
Makes phone contacts as needed, does scheduling (including site selection for meetings), notetaking at the meetings and handing out materials during the meetings.	25%
Computerizes records and client documentation, and retrieves information.	25%
Provides transportation to and from meeting sites for the employee when travel is outside the office, as required by the employee's job.	10%

**III. Knowledge of:** Business English; spelling; arithmetic; the operation of common office appliance and equipment, especially a computer; office practices and procedures.

**Ability to:** Communicate well and ask for clarification if directions are not understood; ability to read and understand detailed instructions or other similar written material; convey information orally and in writing; operate various common office appliances, especially a computer; and familiarity with working with people with disabilities.

## **GUIDELINES FOR PROGRAMS WHEN SELECTING AMONG PERSONNEL OPTIONS FOR SUPPORT SERVICES**

Before deciding whether to use current staff, hire new staff, or hire on a fee-for-service basis, the following questions might assist programs in the decision-making process.

1. Prerequisite information about the new hire/employee with the disability.
  - a. What will this person do on the job?
  - b. What disabilities preclude unassisted full performance of duties?
  - c. Should duties, which cannot be performed by the person with disabilities, be shifted to other workers or should assistance be provided so that the worker can perform all duties?
  - d. What assistance does this person need?
  - e. When does this person need the assistance?
2. If the support services include assistance by another person, additional information is essential.
  - a. What is involved in providing the support services (i.e., what are the duties of the supporter), and what training, experience, knowledge, skill, etc., is required to provide the assistance?
  - b. Is this a permanent/continuing need?
  - c. Is this a full-time or a part-time need (how many hours per week)? Is the need for a constant number of hours or for a variable number of hours?
  - d. Is predictable/schedulable assistance needed or on-call assistance?
  - e. Is there a position count, which can be used for an additional person to provide the assistance?
  - f. Can/should the assistance be provided by other, existing, staff or should it be provided by a new person?

**STATE OF HAWAII**  
**REQUISITION & PURCHASE ORDER**  
DEPARTMENT OF HEALTH

Department of Protocol

ORGANIZATION

DOP 000

FUNCTION AND ACTIVITY

**NOTICE TO VENDORS**

Conditions of purchase are listed on the back side of this purchase order. Please read carefully. Payments may be delayed if all steps are not followed.

TALK STORY  
850 MAUI AVENUE  
HONOLULU, HI 96800

The State of Hawaii is an EQUAL EMPLOYMENT OPPORTUNITY and AFFIRMATIVE ACTION employer. We encourage the participation of women and minorities in all phases of employment.

PURCHASE  
ORDER NO.

00XXXXXX

Date XX XX XX

Deliver Before

**DELIVERY ADDRESS**

1234 Kona Street  
Honolulu, HI 96813

**BILLING ADDRESS**

same as above

QUAN.	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
		Fee-for-service for reader services to provide communication access for individuals who are blind or visually impaired to access programs of the Department of _____ for the quarter ending December 31, xxxx	7190	250.00
	XX			

XXXXXX  
REQUISITIONER

XXXX-XXXX  
TELEPHONE

VOUCHER  
NUMBER

AUTHENTICATED BY:

GOODS/SERVICES RECEIVED IN GOOD ORDER AND CONDITION BY DATE

AUTHORIZED SIGNATURE

REQUISITION NO.

FOR DEPARTMENT USE ONLY

VENDOR

NUMBER	SFX
XXXXXXXXXX	XX
01234	01

SFX	TC	F	YR	APP	D	OBJECT	CC	PROJ NO.	PH	ACT	ESTIMATED COST		ACTUAL COST		M	R	OPT DEPT DATA
XX	XXX	X	XX	XXX	XX	XXXX	XXXX	XXXXXX	XX	XXX	XXXXXXXXXXXX	XX	XXXXXXXXXXXX	XX	X	X	XXXXXXXXXXXX
01	621	x	xx	000	x	7190				xxx	250	00					

COPY #1 - VENDOR

STATE ACCOUNTING FORM C-03  
II 11 V 1 1993 (REVISED)



**ATTACHMENT 7-J**

CAROL LANAI  
dba TALK STORY  
850 Maui Avenue  
Honolulu, HI 96800

**BILL FOR COLLECTION**

December 15, xxxx

Department of Protocol  
Accounts Receivable  
1234 Kona Street  
Honolulu, HI 96813

For services rendered during the month of December xxxx to provide reader services to provide communication access for the individuals who are blind or visually impaired to access Department of Protocol programs.

December 5, xxxx	8:00 a.m. - 12:00 p.m.	4 hours	\$ 20.00
December 9, xxxx	8:00 a.m. - 10:00 a.m.	2 hours	10.00
December 10, xxxx	8:00 a.m. - 12:00 p.m.	4 hours	20.00
TOTAL			\$ 50.00

Please send the payment to the address listed above.

Sincerely,

CAROL LANAI

Chapter 7, page 25

**ATTACHMENT 7-K**

## Chapter 7, page 26

**ATTACHMENT 7-K**

JOE HAWAII  
dba COMMUNICATION SYSTEMS, INC.  
500 Kauai Avenue  
Honolulu, HI 96800

**BILL FOR COLLECTION**

December 15, xxxx

Department of Protocol  
Accounts Receivable  
1234 Kona Street  
Honolulu, HI 96813

For services rendered during the month of December xxxx for interpreter services to provide communication access for individuals who are deaf or hard of hearing to access Department of Protocol programs.

December 1, xxxx	8:00 a.m. - 12:00 p.m.	4 hours	\$100.00
	TOTAL		\$100.00

Please send the payment to the address listed above.

Sincerely,

JOE HAWAII

Chapter 7, page 27

**ATTACHMENT 7-L**

**STATE OF HAWAII**  
**REQUISITION & PURCHASE ORDER**  
DEPARTMENT OF HEALTH

Department of Protocol

DOP 000

ORGANIZATION

FUNCTION AND ACTIVITY

**NOTICE TO VENDORS**

Conditions of purchase are listed on the back side of this purchase order. Please read carefully. Payments may be delayed if all steps are not followed.

LIVING INDEPENDENTLY  
999 MAUI BLVD.  
HONOLULU, HI 96800

**PURCHASE ORDER NO.** 00 XXXXXX

Date XX XX XX

Deliver Before \_\_\_\_\_

**DELIVERY ADDRESS**

1234 Kona Street  
Honolulu, HI 96813

**BILLING ADDRESS**

same as above

The State of Hawaii is an EQUAL EMPLOYMENT OPPORTUNITY and AFFIRMATIVE ACTION employer. We encourage the participation of women and minorities in all phases of employment.

QUAN.	UNIT	DESCRIPTION	SUBJECT	UNIT PRICE	AMOUNT
XX		Fee-for-service rendered for Jane Doe to provide reasonable accommodation (personal services) for the quarter ending December 31, xxxx	7190		500.00

XXXXXX

XXXX-XXXX

REQUISITIONER

TELEPHONE

**VOUCHER NUMBER**

AUTHENTICATED BY:

GOODS/SERVICES RECEIVED IN GOOD ORDER AND CONDITION BY

DATE

AUTHORIZED SIGNATURE

REQUISITION NO.		FOR DEPARTMENT USE ONLY	
VENDOR			
NUMBER	SFX		
XXXXXXXXXX	XX		
0000555	00		

SFX	TC	F	YR	APP	D	OBJECT	CC	PROJ NO.	PH	ACT	ESTIMATED COST	ACTUAL COST	M	R	OPT DEPT DATA
01	621	x	xx	000	x	7190				xxx	500 00				

COPY #1 - VENDOR

STATE ACCOUNTING FORM C-03  
JULY 1 1983 (REVISED)

**ATTACHMENT 7-L**

JANE KAUI  
dba LIVING INDEPENDENTLY  
999 Maui Avenue  
Honolulu, HI 96800

**BILL FOR COLLECTION**

December 15, xxxx

Department of Protocol  
Accounts Receivable  
1234 Kona Street  
Honolulu, HI 96813

For services rendered during the month of December xxxx for personal service provided to Jane Doe.

December 5, xxxx	8:00 a.m. - 12:00 p.m.	4 hours	\$ 20.00
December 9, xxxx	8:00 a.m. - 10:00 a.m.	2 hours	10.00
December 10, xxxx	8:00 a.m. - 12:00 p.m.	4 hours	20.00
TOTAL			\$ 50.00

Please send the payment to the address listed above.

Sincerely,

JANE KAUI